

Workstream:

Employee Orientation

North Carolina Department of Transportation Employee Orientation Team

Input For 10/26/07 Meeting *(Notes Captured at 10/26/07 Meeting in Italics)*

What issues do you think the team may need to address?

- Consistency statewide
- *Needs may differ across different divisions and units*
- Timeframe of actual orientation day
- Content
- Implementing employee handbook
- *Robin's Powerpoint is used as a handout in some areas*
- Funding for healthy refreshments for new employees attending orientation.

What tasks do you think may be helpful to the team's work?

- To put yourself in the place of a new hire and think about the most important topics that you would want information on
- Those who have not attended a New Employee Orientation should attend one
- Check out the following website: <http://onlineorientation.com/main.htm> (idea of what Orientation DVD could contain)
- We need to address what "Is" working and what "Is not" working before we come up with new ideas or suggestions.
- I think the team may need to research into various units and find out from supervisors or managers how they think a new employee could better be integrated into their unit or field.
- Our best solutions will come from the sources themselves. Often the people most affected by the outcomes are not the ones that get to give any input.
- *Focus groups might be helpful (could be conducted with recent hires from different units around the Department once we have some ideas about recommendations we would like to make)*

What are some questions you have or what are some questions you think the team may need to address?

- I think we still need to look at the scope of our work and see what we can expect to get done in this short time period.
- I would like to know how Orientation is handled in the team's Departments. For example, how many people are involved in the Orientation process – HBRs, Personnel Techs, Safety employees, etc. I know that different Divisions handle Orientation differently.

Name every task or activity you can think of that a new employee needs to perform (that is not specifically job related) within their first 30 to 60 days on the job.

- Complete necessary enrollment forms/benefits
- Complete required additional training (could be an orientation week and have training to be held during this week)
- Take a DOT/DMV Tour – Introduction into the work unit
- Benefits
- Email
- Security/Badge (*can we use DMV capability or some other means to get photographs and have badges mailed to field employees?*)
- Expectations from Supervisor
- Orientations: Sexual Harrassment, Safety
- Direct Deposit
- Tax Forms
- One task I think might be important and helpful is to sit down or follow each co-worker in the unit (depending on size of unit all = some) and get to know their job position and responsibilities. They need to find out from these sessions how the unit actually works and comes together. By talking and interacting and questioning fellow co-workers, this provides insight into how to better perform your job! Perhaps get to know them as a person as well not just a fellow employee. The more interaction between co-workers the “tighter” the bond becomes, and we can all agree that working with “friends” not just co-workers makes for a better time and leads to a positive attitude and more willingness to work which equals greater success for everyone in the long run.
- New employees are to have all items that relate to their benefits as a state employee completed within this time frame, mostly within the first 30 days. Information is needed for the payroll section (tax forms; direct deposit information; insurance information, etc.). With ORBIT effective 10/01/07, the retirement system is now mailing packets to new employees that should be returned to the Retirement System.
- Employees should be prepared to meet with their supervisor to discuss their Performance Management Work Plan within several weeks of their employment to receive a clear understanding of all the duties and responsibilities that are required of them.
- Employees that are required to have a commercial driver’s license that do not possess a CDL at the time of hire have 60 days to obtain the CDL.
- *Safety information or training*
- *Paperwork*
- *Computer access / email address*

What are your ideas on things the NCDOT can do to make for a smoother transition for new and transferring employees?

- To take into consideration that we are the first line of communication, however supervisors that have made the offer should have information to provide new employees before they come to orientation (example: Monday, October 22, 2007, new hires came, were not told to have two forms of I.D., not sure where to come for orientation or what time they were to arrive?)
- Provide Structured Orientation Week. Focus on Mission and Goals of the department, have departmental overview, allow outside benefit sources to come in and make

presentations/enrollments, look at position status- supervisory vs. non-supervisory, provide professional materials (not just a folder to include a some goodies from different DOT Units, provide a warm welcome on day one to include coffee and light refreshments, and maybe on the last day of training and conclusion include a boxed lunch with a one free Railroad ticket to promote DOT.

- Providing professionally designed, polished orientation materials
- Welcoming and professional orientation environment
- Orientation should include overview of NCDOT, and how we are made up (Units, Divisions, etc.) DVD with Secretary, DMV Commissioner, Highway Administrator, Chief Eng., etc. welcoming employees and inspiring them about NCDOT
- Employee Handbook should be given to every employee – with policies and guidelines that would be easily accessible (employee handbook should be online as well)
- Hiring managers/ supervisors should have a checklist or to-do list as a reminder of preparations for the new employee
- Orientation should be uniform throughout NCDOT. Orientation Leaders (well-trained) should be assigned over a certain area.
- Harrassment, Safety, should be included with Original Orientation (DVD)
- I believe that the new or transferring employees should “shadow” their new unit/crew for a brief period of time (ex: half day – full day). I believe that this could easily be done. I think this is also helpful because the employees first full day won’t have to be filled with meeting people, touring the building, and all other “small stuff” that comes along with the first day’s usual agenda. Obviously some of that will still have to occur but this way they will be able to jump right into performing their new jobs. By shadowing, they can get some of that stuff taken care of ahead of time. This also allows for a slower and easier transition to the employees new position.
- I think it would be helpful to new employees and those moving/transferring to new departments if, when notifying employees of their approval into the new position and upon their acceptance of the job offer, the supervisor would notify the employee in writing of the procedures he/she is to follow the first day they report. This should be done by the end of the following business day in order for the employee to receive the information prior to reporting to work.
- Information would include where and what time the employee is to report, including directions to the office or orientation location. Also, the employee should be advised of documents and information that they need to bring with them to orientation, such as two forms of ID so work authorization from Homeland Security can be verified within three business days, emergency contact and insurance beneficiary information. If the orientation is scheduled into the afternoon, the employee should be informed they need to make plans for their lunch, either by bringing their lunch or being prepared to purchase lunch outside of the orientation location.
- If equipment, such as safety-toed shoes or mechanics’ tools are required, they should also receive this information.
- *Checklist of activities and appointments and things to turn in*
- *Listing of contact information and contact person(s)*

Employee Orientation Team

Jeff Roerden

Tamela Gilbert

Dawn Godwin

Robin Hicks

Matthew Hilderbran

Rose Stanley

Sandy Tharrington

Stephanie King - Sponsor

Objectives for Today

- 👉 Review Team Mission Statement
- 👉 Review Approach
- 👉 Define Orientation
- 👉 Establish a Conceptual Framework for Orientation
- 👉 Receive Transformation Management Team and Leadership Team Input on the Direction and Concept

Team Mission Statement

🌱 Establish a comprehensive framework for integrating new employees (and employees who are changing roles) into the NCDOT and their work unit.

Approach

- Identified issues to consider
- Identified tasks and knowledge new employees would need to accomplish or learn
- Defined “Orientation”

What Does “Integration” Look Like?

- 👉 The New Employee Feels Welcome and Informed
- 👉 They Understand Their Role, How They Contribute to the NCDOT and Unit Mission / Goals / Values, and the Job Expectations
- 👉 Fully Informed About Safety, Benefits, and NCDOT / State Government Policies
- 👉 Ready to Go - A Productive Employee

Who's Involved in Orientation?

- 👤 Human Resources
- 👤 Employee
- 👤 Supervisor
- 👤 Safety
- 👤 Information Technology
- 👤 Training
- 👤 ...

Scope of Orientation

Employee Orientation Starts...

... When the Hiring Supervisor or Human Resources Representative Contacts the Prospective Employee With an Offer of Employment and Initiates an Orientation Checklist for Them.

Scope of Orientation

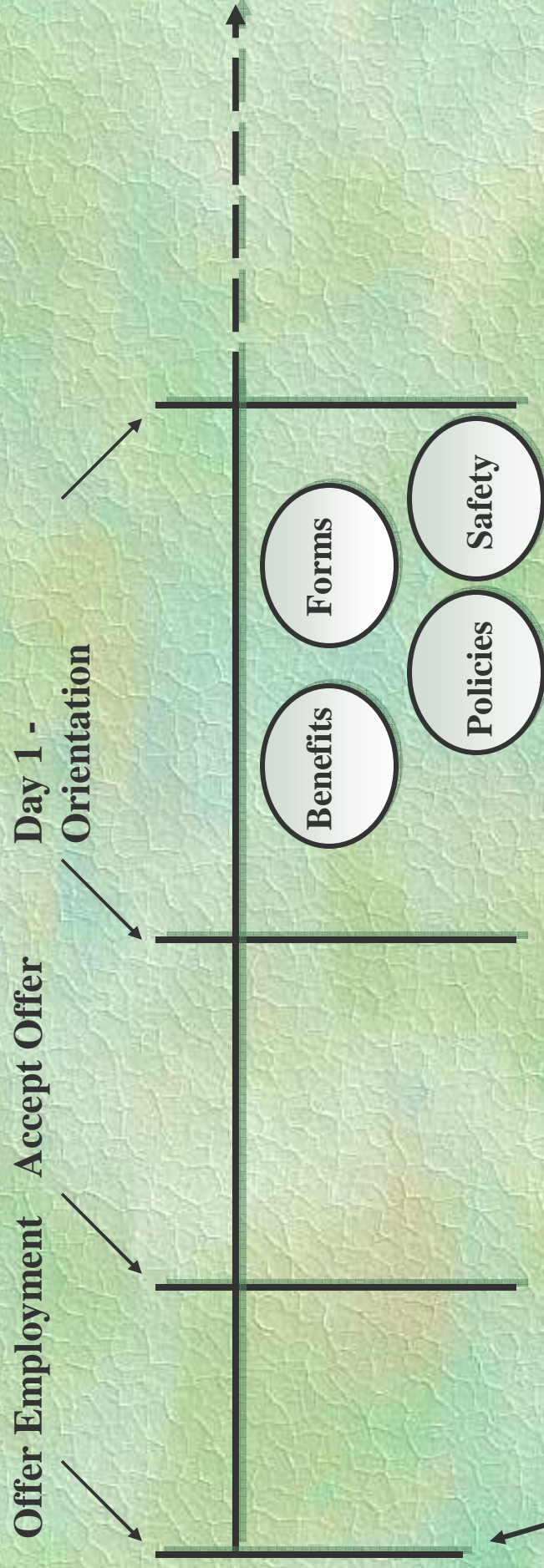
Employee Orientation Ends...

... When the Completed Orientation Checklist
is Placed in the Employee's Personnel File.

The Checklist

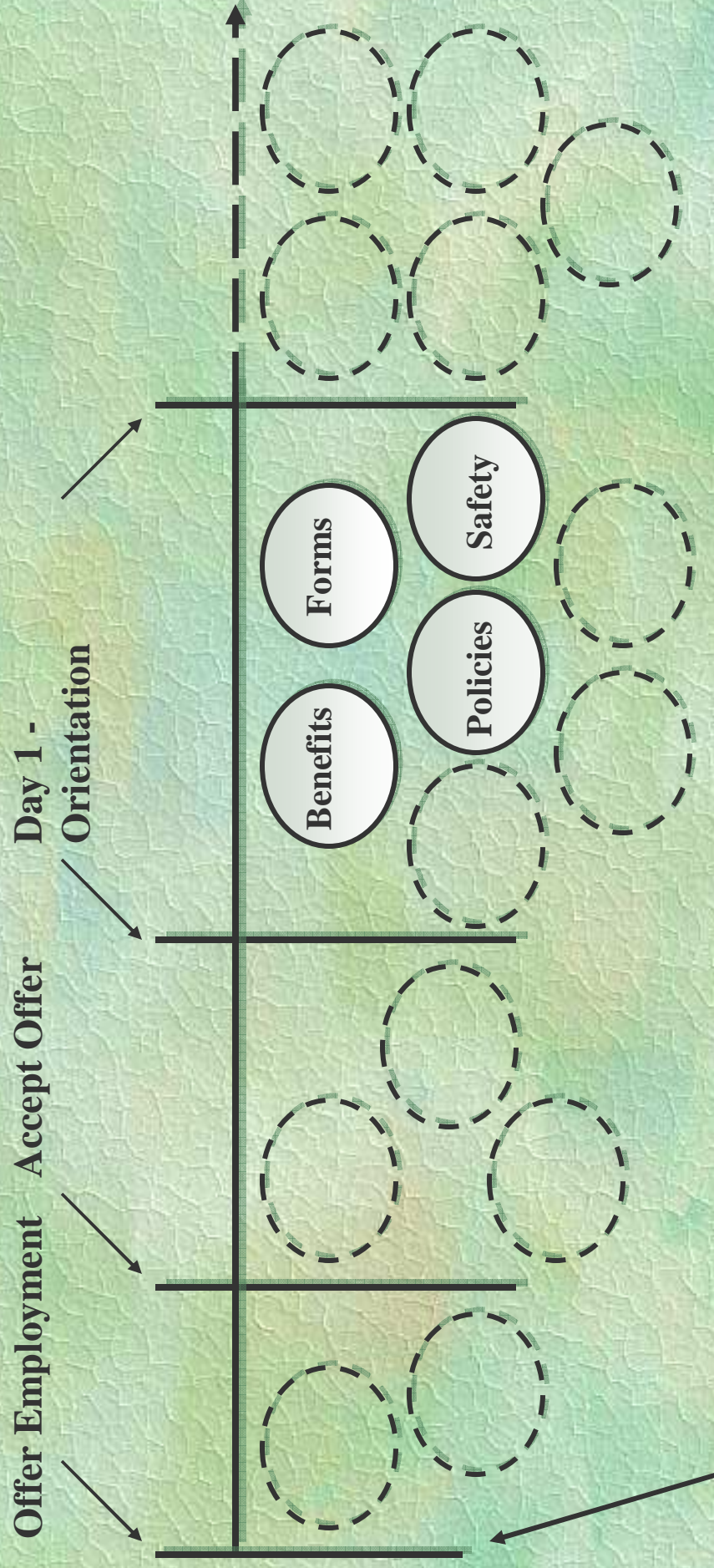
- 👉 Serves as a Tool to Assist the Employee, Supervisor and Others Who Contribute to the Employee's Orientation Experience
- 👉 Aims for Consistency
- 👉 Establishes Accountability
- 👉 Provides an Opportunity for Follow Up
- 👉 Can be Modified to Meet Different Needs or Approaches

Current Orientation Time Line



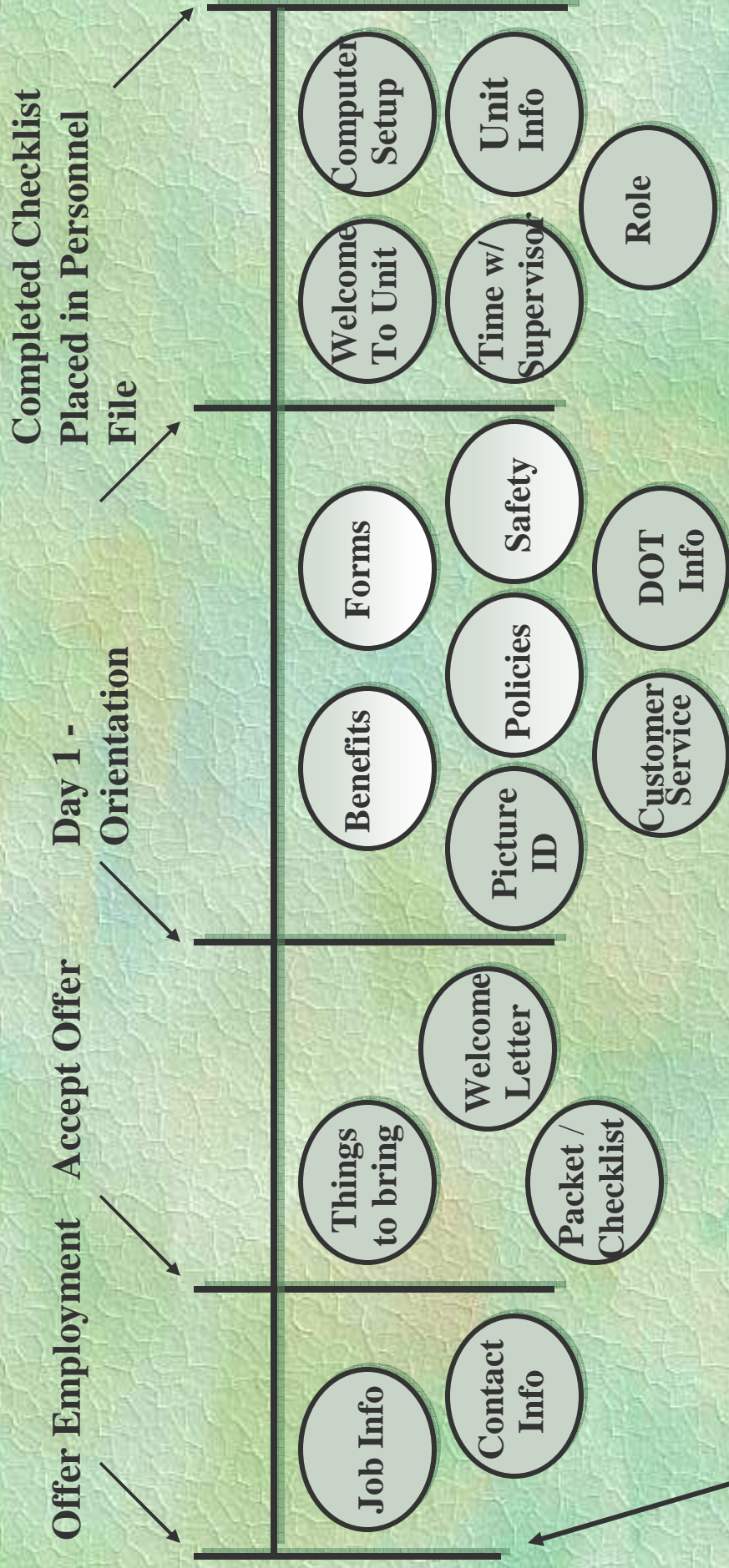
***** Prospective Employee Begins Gathering Information & Developing an Impression of the NCDOT & Their New Unit.**

Orientation - Something's Missing!



***** Prospective Employee Begins Gathering Information & Developing an Impression of the NCDOT & Their New Unit.**

Future Orientation Time Line



***** Prospective Employee Begins Gathering Information & Developing an Impression of the NCDOT & Their New Unit.**

Recommendations

- Establish a Master Orientation Checklist
- Establish an Orientation Process
- Enhance Orientation Materials
- Produce an Orientation Video with Senior Leader Involvement
- Pilot the New Orientation Approach
 - One Field Unit
 - One Raleigh Unit

Feedback from TMT

- 👉 Include the Transit Divisions in the Pilot
- 👉 Research PDEA Employee Orientation
- 👉 Include Contractors, Interns and
Temporaries (may require a modified
checklist)
- 👉 Provide New Employees with a Complete
Contact List

Feedback from TMT

- 👉 Video Conferencing a Possibility for Including Secretary and Other Senior Leaders in Orientation
- 👉 Put the Checklist On Line

Additional Feedback?

Team Checklist

- ✓ Mission Statement
- ✓ Approach
- ✓ Definition of Orientation
- ✓ Conceptual Framework
- ✓ Input

New Employee Orientation Guide Training



Employee Orientation Team

Jeff Roerden – Program/Policy

Tamela Gilbert – Human Resources

Dawn Godwin – DMV HR

Robin Hicks- Human Resources

Matthew Hilderbran – Eng. Training Program

Sharron Overton - DMV

Sandy Tharrington –Division 4

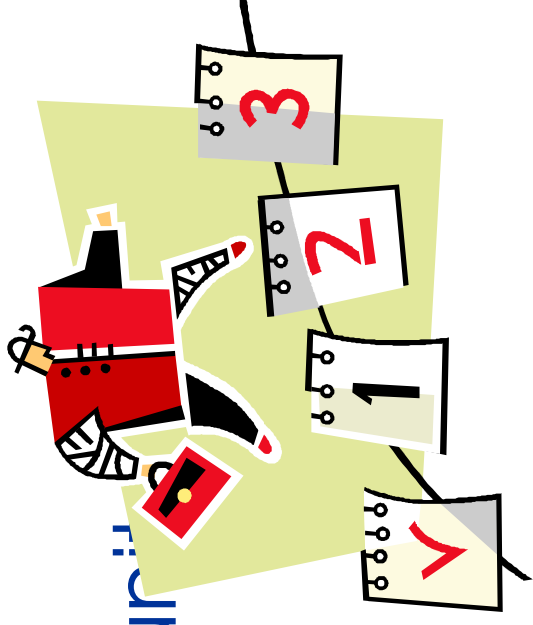
Gail Sheets -Ferry

Alma Fountain - Ferry

Stephanie King - Sponsor

Team Mission Statement

- Establish a comprehensive framework for integrating new employees (and employees who are changing roles) into the NCDOT and their work units



What Does “Integration” Look Like?

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- They Understand Their Role, How They Contribute to the NCDOT and Unit Mission / Goals / Values, and the Job Expectations
- Fully Informed About Safety, Benefits, and NCDOT / State Government Policies
- Ready to Go - A Productive Employee



Who's Involved in Orientation?

- Human Resources
- Employee
- Supervisor
- Safety
- Information Technology
- Training

Scope of Orientation

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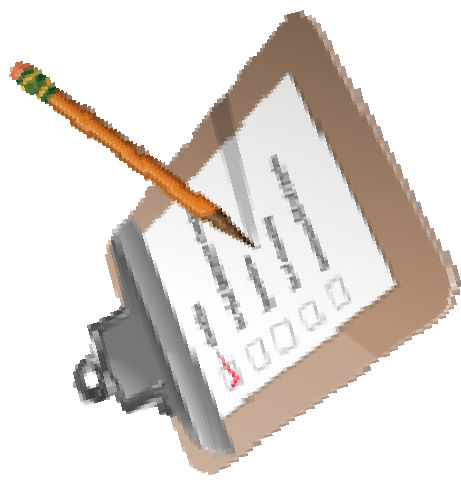
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Employee Orientation
Ends...

...When the Completed
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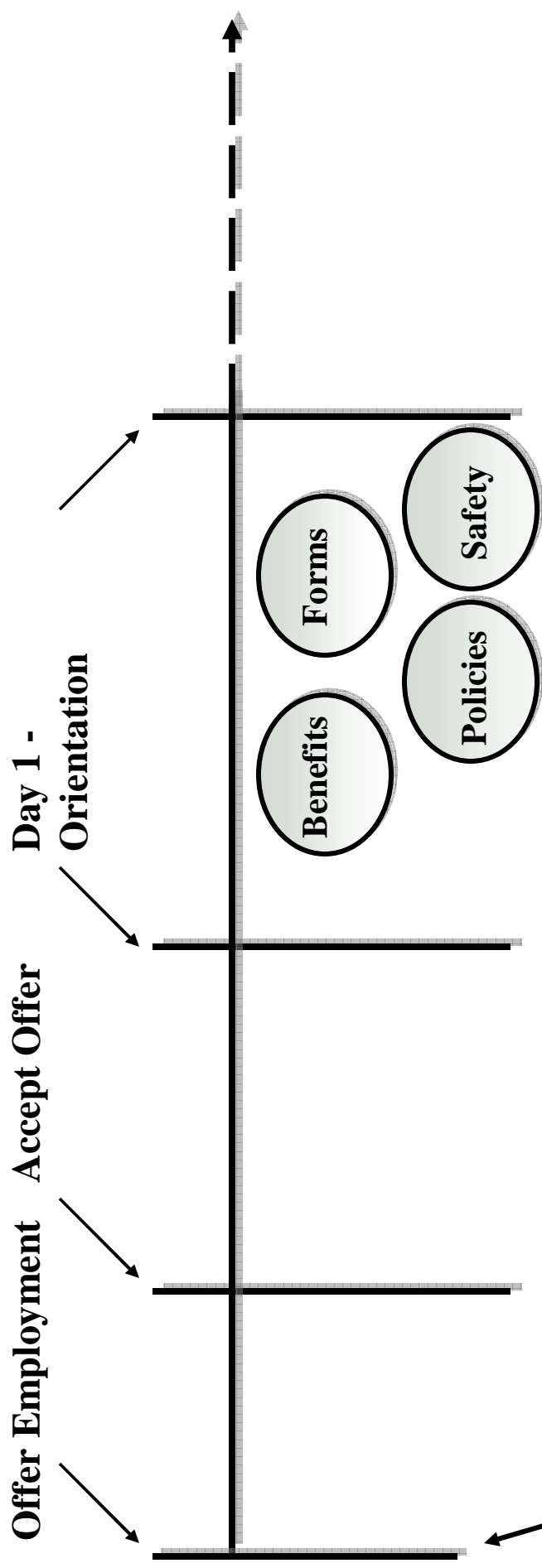
The Employee Orientation Guide

- Serves as a Tool to Assist the Employee, Supervisor and Others Who Contribute to the Employee's Orientation Experience



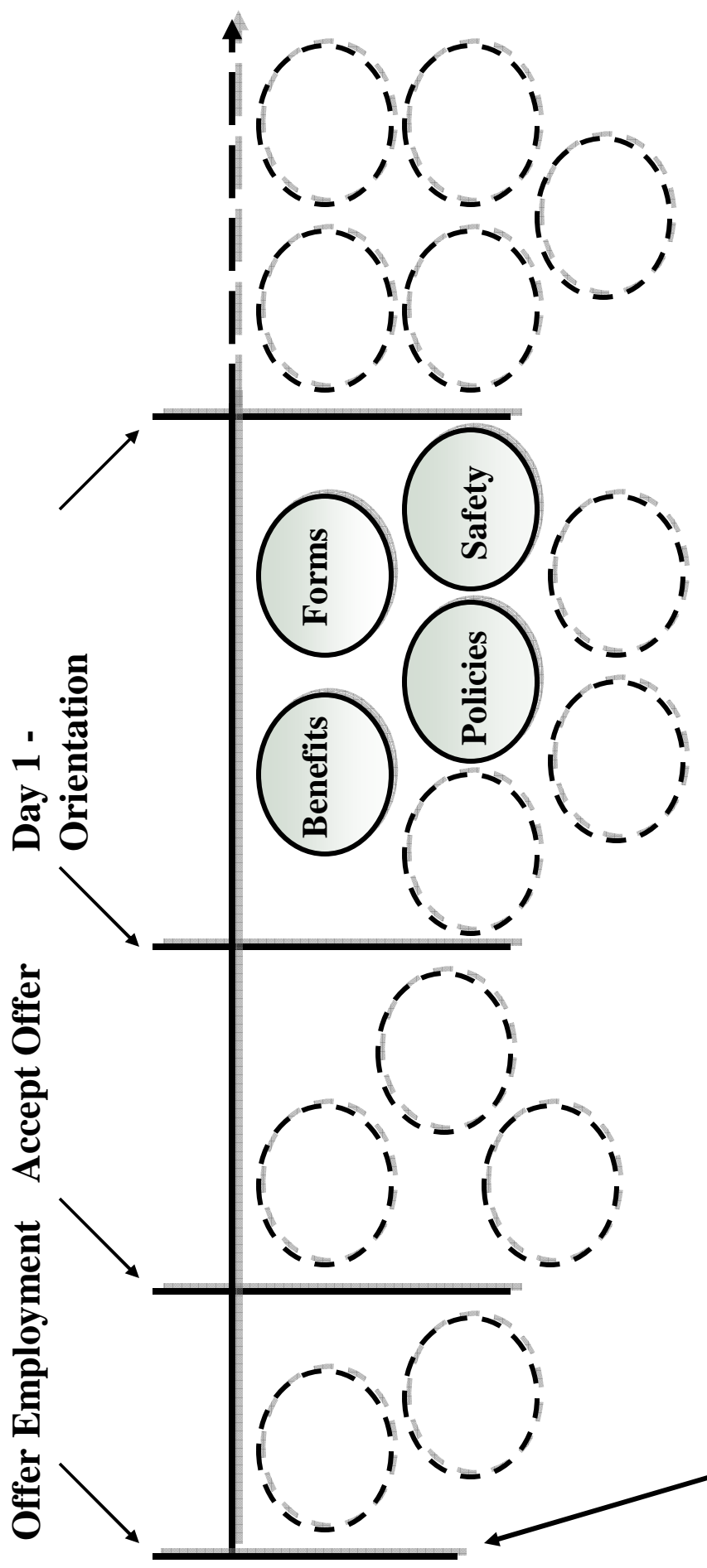
- Aims for Consistency
- Establishes Accountability
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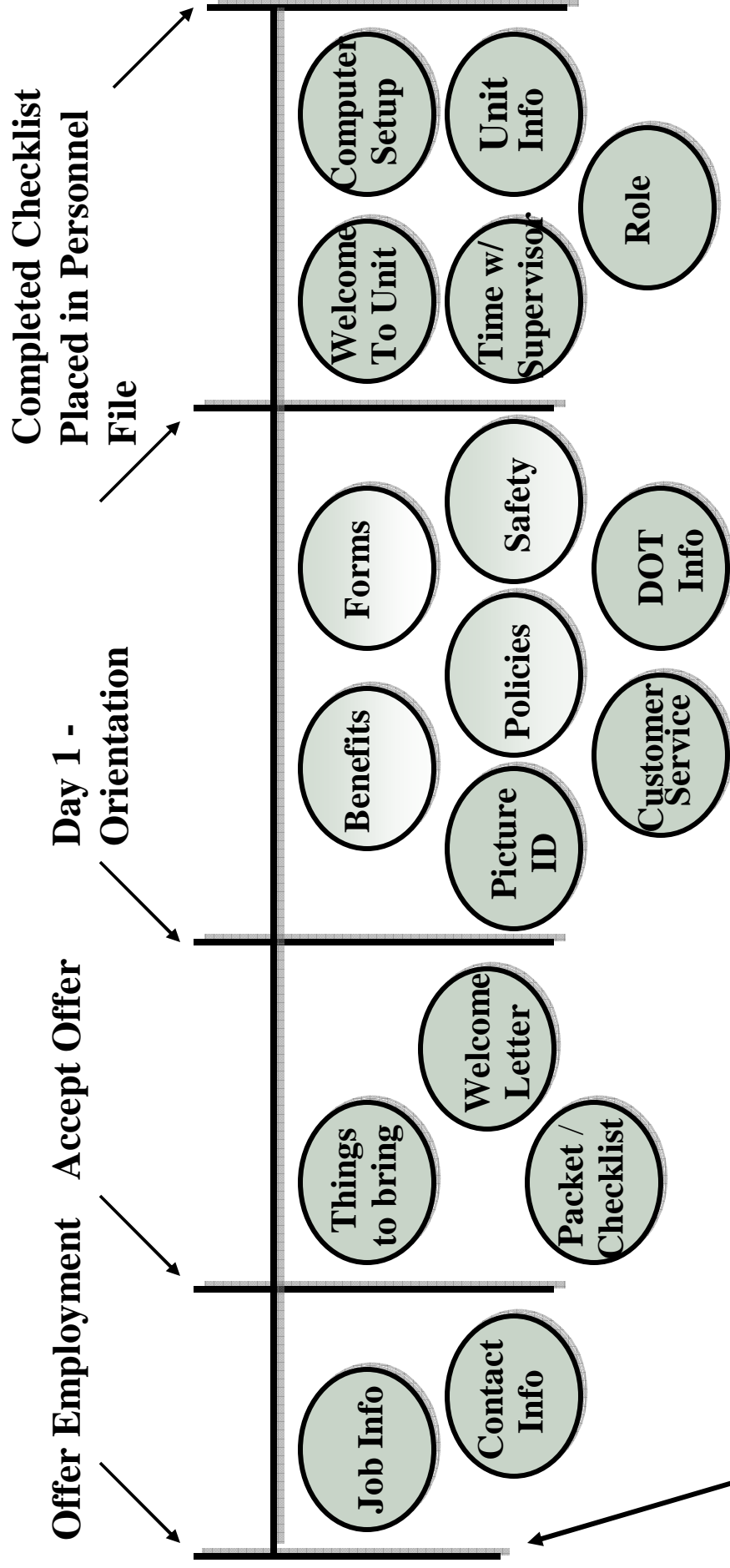
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Future Orientation Time Line



***** Prospective Employee Begins Gathering Information & Developing an Impression of the NCDOT & Their New Unit.**

TMT & DOT Staff Teamwork

- It begins with all personnel & other staff involved in the hiring process to get our new employees through their Orientation & on board!
- We move to Phase I



Phase I – Pre Employment - Supervisor's Initial Contact
(Notification of Approval to Hire or Receive A Transferring Employee)

- Interviews are complete, approval received to hire
 - Employee Name, Position Title, Work Location
 - Supervisor to Begin the hiring process.....
1. Applicant Contacted by phone – Offer Position/ Deadline for response
 2. Supervisors may use the Acceptance of Employment letter as a guide.
(letter includes employee position information such as job title, salary, work schedule, job requirements)
 3. Supervisor to check acceptance or decline
 4. For acceptance, the Supervisor or designee to mail Employment Acceptance letter and New Employment Packet
 5. New Employment packet to be mailed to verified address prior to new employee reporting to Orientation Day.

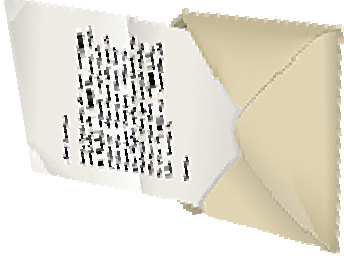
Accepted Job Offer

- Some New Employees may require prior drug test and/or CDL requirements based on your job posting.
- Should this be a requirement for your new employee, the supervisor or designee may schedule testing for job requirements.
- Supervisor or Designee to Schedule New Employee for Orientation.



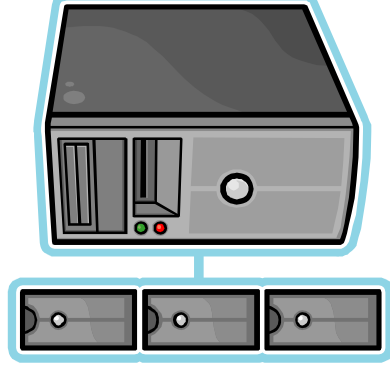
Mail New Employee Packet

- New Employee is scheduled for Orientation with appropriate Personnel
- New Employee packet should be mailed to new employee's home address along with the "Letter of Acceptance" of the position.
- Packet should also contain the New Employee "Pre-Arrival Checklist"
- Depending on the time frame, packets may also be picked up from Supervisor prior to scheduled orientation.



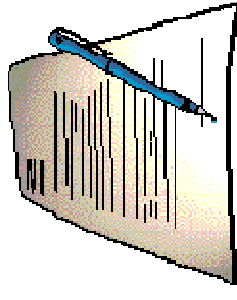
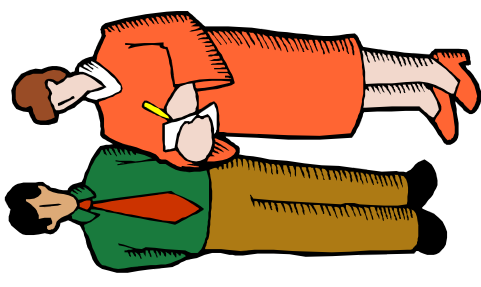
New Employee Alert Process begins

- Supervisors must check to see what information will be needed to get their new employee on board before their arrival (if applicable)
- Items include check box to select those applicable to your employee. (includes computer information, phone access, email, etc.)



Phase II – Day One -Welcome to DOT

- New Employee reports to their immediate Supervisor.
- Supervisor Welcomes the New Employee into the work unit/location. (Short basic logistics tour)
- Supervisor provides New Employee directions to Orientation and instructs employee on what to do at the end of their business day.
- Supervisor gives new employee their “New Employee Orientation Guide” to take with them to Orientation and advises the New Employee to return this guide to immediate supervisor.
- Supervisor signs/dates the guide.



Phase III - DOT Orientation Schedule

Benefits/Policies/Procedures/Safety

- Orientation Begins at 8:30 a.m.
- Welcome to NCDOT – Video is shown to all new employees which includes a message from the Secretary, DOT Mission, Goals & Values
- Benefits Overview/Employee Self Service (ESS) (includes topics such as Health Insurance, NCFlex, DOT Optional Benefits, Short/Long Term Disability Benefits & Retirement.



BREAK for Questions, etc.

General Information / Welcome Temporary Employees

- Welcome Temporary Employees to DOT
- All forms must be turned in to the immediate supervisors.
- New Employees must have two forms of ID to complete the I-9 Process



DOT POLICIES/PROCEDURES

- *Discussion of DOT Policies and Procedures (i.e. telephone usage, email/internet, adverse weather, computer usage, overtime policy)*
- *View Required HR Training Videos (i.e. Ethics, Unlawful Harassment, Violence in the Workplace, Customer Service)*
- *Break For Lunch*

Policy/Procedures

Cont'd

- Return From Lunch
- View Video Presentations
- Wrap-up / Questions & Answers



EMPLOYEE SAFETY



PHASE IV – DAY TWO

Supervisor's Welcome to Our Unit Job Specific Policies/Procedures/Expectations

- Supervisor to collect HR paperwork (I-9 Eligibility Verification- within 3 days of employment), payroll documents, and other signature requirements.
- Unit Overview/Tour
- Performance Dashboard and Appraisal
- In-House Specific Policies (work schedule, comp time, etc.)
- Equipment Issues/Requirements (pagers, safety shoes, uniform/dress code, tools, CDL, etc)
- Job Specific Mandatory Training (Employees should not operate any equipment unless training is complete)
- Training/Development Plan
- Introduce “Work Buddy” or lead worker
- Schedule One-Month Follow-up
- Supervisor to collect Orientation Guide from employee

Phase V – One Month

Supervisor Follow-up

Is Everything okay?

- Discuss Job Satisfaction/Concerns
- Review/Finalize Work Plan
- Supervisor to give new employee the Orientation Survey to complete
- Required signatures on guide to be placed in the employee's personnel file.

FEEDBACK FROM PILOT GROUPS

- Pilot groups are DMV, Division Four, Ferry Division, Highway Design Unit
- Supervisor Training to be completed during July and August 2008.
- Pilot program to begin September 8th, 2008
- Supervisors please provide feedback to your division/unit HR Representatives.
- Statewide program expansion - December 1st, 2008



EMPLOYEE ORIENTATION

Information and Policy Packet

Employee Copy

NCDOT

OUR MISSION

***Connecting people and places
in North Carolina – safely and
efficiently, with accountability
and environmental sensitivity***

OUR GOALS

- **Make our transportation network safer**
- **Make our transportation network move people and goods more efficiently**
- **Make our infrastructure last longer**
- **Make our organization a place that works well**
- **Make our organization a great place to work**



NCDOT

OUR VALUES

- **SAFETY** - We strive for safety throughout our transportation networks as well as in our work and our daily lives.
- **CUSTOMER SERVICE** - We respond to our customers, both internal and external, in an open, professional and timely manner.
- **INTEGRITY** - We earn and maintain trust by responsibly managing the state's assets, acting ethically, and holding ourselves accountable for our actions.
- **DIVERSITY** - We draw strength from our differences and work together in a spirit of teamwork and mutual respect.
- **QUALITY** - We pursue excellence in delivering our projects, programs, services and initiatives.





STATE OF NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION

MICHAEL F. EASLEY
GOVERNOR

W. LYNDO TIPPETT
SECRETARY

December 3, 2007

Memorandum To: All DOT Employees

From: Angela Faulk, Interim Human Resources Director

Subject: North Carolina Identity Management Service (NCID)
Instructions for all DOT Employees Reminder

This is a reminder that effective December 15, 2007, the BEACON system will replace our present Human Resources and Payroll systems for better efficiency and accuracy in our day-to-day operation of the Department. Attached are instructions on the process to activate an NCID for the new BEACON Human Resources/Payroll system. It is not mandatory for you to register for NCID; however, if you have an NCID, you will have access to your personal information. If you do not sign up for your NCID, you will not be able to view your January 11th pay stub and your Human Resources Representative or Best Shared Services must assist you in viewing your personal information.

To obtain access into the BEACON system, you must have an NCID. In order to register for NCID, you must have an e-mail account. If you have a DOT e-mail account, please register for NCID using this account. You will receive an e-mail from the DOT help desk asking you to verify registration by answering yes or no and at that time the DOT help desk will activate your NCID account. If you do not have a DOT e-mail account, you may register from your home computer, public library, etc. After registering, you will receive an e-mail from the DOT help desk instructing you to contact your Human Resources technician within your Division/Unit. The Human Resources technician will contact the DOT help desk to verify your identity and your NCID account will be activated.

After obtaining your NCID, you will have the capability to view and change some of your personal information on-line through Employee Self Service (ESS). For example, print pay stubs, view health and retirement benefits and update name and address changes.

Managers will also have the capability through Manager Self Service (MSS) to access reports, view Division/Unit organizational charts and monitor leave balances. These features, along with others, will be available on January 2, 2008. The training for ESS & MSS will be web based and instructions will follow at a later date.

December 3, 2007

Page 2

The Department is committed to ensuring all employees are knowledgeable about the upcoming BEACON Human Resources/Payroll system. Additional information will be forthcoming to support our efforts in maintaining close contact with all employees. Should you have questions about acquiring your NCID, please call the Customer Support Center at 1-800-722-3946 or 919-754-6000. Should you have other questions, please call Kathi Johnson or Penny Young at 919-733-5846.

AMF:kj

Attachment



NORTH CAROLINA

a better place...

North Carolina Identity Management Service (NCID)

Create an NCID

Use this procedure to create an NCID.

1. Using Internet Explorer, enter https://ncid.nc.gov/login/login.html?MSG=CRED5_CLEARED in the Address bar, then press **Enter**.
2. The **North Carolina Identity Management (NCID) Login** screen displays.
3. Click **First Time NCID User**. The **Registration** screen displays.
4. Select the **State Government Employee** radio button.
5. Click **Continue**.
6. The **Self Registration – State Employee User Type and Country Selection** screen displays.
7. Select **Full Time**, **Part Time**, or **Contractor** from the **State Employee Type** drop down menu according to your current employment status.
8. Ensure **United States** is selected in the **Country** drop down menu.
9. Click **Next (Personal Info) >>**. The **Self Registration – State Employee Personal Information** screen displays.
10. Enter your name, work email, work address, business phone with area code, and date of birth in the appropriate fields.
Note: The red asterisk beside each of these fields means they are required. Fields not marked with a red asterisk are not required, but you may enter information, if desired.
11. Enter *Department of Transportation* in the field next to **Member of Organizations**, then click **Start Search**.
12. Click **Select** next to **Department of Transportation** from the list of results that displays. A search results screen displays with all of the units for the Department of Transportation
Note: This list may take a few minutes to display.
13. Click **Select** next to your work unit from the list of units that display.

NCID Password Rules	
Minimum Length of Eight Characters Your password must be at least eight characters long and no more than 35.	14. Click Next (Password Info) >> . The Self Registration – State Employee Password Information screen displays
Minimum of one special character Special characters may be used anywhere in your password and may be repeated. The following special characters ARE allowed: ~ ! @ # \$ % ^ & *) (_ - + = : ; > < , . ? } { The following characters are NOT allowed: <ul style="list-style-type: none"> • forward slash (/) • backward slash (\) • doublequote (") • singlequote (') • reverse singlequote (`) • space 	15. Enter your password in the field provided. Note: See the NCID Password Rules to the left.
Three Days Between Password Changes There must be at least three days between password change requests. Once you complete a password change, you must wait at least three days before trying to change your password again.	16. Enter your password again in the field provided. Note: If you receive an error message, verify that you have followed the rules at the left and typed the same password in both fields.
Cannot Reuse a Password You cannot reuse a password that you have used in the NCID system at any time in the past. Once a password has been entered in the system, it is kept in a history file and can never be reused.	17. Select five questions from the drop down menus provided.
Password Issue Checks Be sure your password is at least the required number of characters long. Be sure you have not used this password in the NCID system in the past. Be sure to have at least one special character. Do not try to change your password until three days have passed from the last password change.	18. Enter your answers to each question in the fields provided. Note: You should use the Print Screen option on your keyboard to save a copy of the secret questions and answers that you provided. Press Print Screen (your key could be labeled Print Scn or PrtScn) located in the upper right corner of the keyboard to copy the screen. Open a new document in Microsoft Word, then press Ctrl and V to paste the screenshot into the document. Save the document.
If You Need Help	19. Click Next (Review Corrected Data) >> . The Review Collected Data screen displays.
Call the Customer Support Center at 800-722-3946 or 919-754-6000.	20. Make any necessary changes to your information. Note: If you make any changes, you should perform another Print Screen function.
	21. Click Submit Registration . The Self Registration – State Employee User Registration Confirmation screen displays.
	22. You should use the Print Screen option on your keyboard to save a copy of your user ID. Press Print Screen (your key could be labeled Print Scn or PrtScn) located in the upper right corner of the keyboard to copy the screen. Open a new document in Microsoft Word, then press Ctrl and V to paste the screenshot into the document. Save the document.
	23. A message will be sent to the email that you entered when your user id is activated.

Form I-9, Employment Eligibility Verification

Instructions

Please read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination.

What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and non-citizen) hired after November 6, 1986 is authorized to work in the United States.

When Should the Form I-9 Be Used?

All employees, citizens and noncitizens, hired after November 6, 1986 and working in the United States must complete a Form I-9.

Filling Out the Form I-9

Section 1, Employee: This part of the form must be completed at the time of hire, which is the actual beginning of employment. Providing the Social Security number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Preparer/Translator Certification. The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his/her own. However, the employee must still sign **Section 1** personally.

Section 2, Employer: For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required

document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, **Section 2** must be completed at the time employment begins. **Employers must record:**

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the Form I-9. **However, employers are still responsible for completing and retaining the Form I-9.**

Section 3, Updating and Reverification: Employers must complete **Section 3** when updating and/or reverifying the Form I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in **Section 1**. Employers **CANNOT** specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired **or** if a current employee's work authorization is about to expire (reverification), complete Block B and:

1. Examine any document that reflects that the employee is authorized to work in the U.S. (see List A **or** C);
2. Record the document title, document number and expiration date (if any) in Block C, and
3. Complete the signature block.

What Is the Filing Fee?

There is no associated filing fee for completing the Form I-9. This form is not filed with USCIS or any government agency. The Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

USCIS Forms and Information

To order USCIS forms, call our toll-free number at **1-800-870-3676**. Individuals can also get USCIS forms and information on immigration laws, regulations and procedures by telephoning our National Customer Service Center at **1-800-375-5283** or visiting our internet website at **www.uscis.gov**.

Photocopying and Retaining the Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Forms I-9 for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

The Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR § 274a.2.

Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of U.S. Immigration and Customs Enforcement, Department of Labor and Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Paperwork Reduction Act

We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: **1)** learning about this form, and completing the form, 9 minutes; **2)** assembling and filing (recordkeeping) the form, 3 minutes, for an average of 12 minutes per response. If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529. OMB No. 1615-0047.

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification.

Print Name: Last		First	Middle Initial	Maiden Name
Address (Street Name and Number)			Apt. #	Date of Birth (month/day/year)
City		State	Zip Code	Social Security #
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.		I attest, under penalty of perjury, that I am (check one of the following): <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A lawful permanent resident (Alien #) A _____ <input type="checkbox"/> An alien authorized to work until _____ (Alien # or Admission #) _____		

Employee's Signature	Date (month/day/year)
----------------------	-----------------------

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

Section 2. Employer Review and Verification.

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification.

A. New Name (if applicable)		B. Date of Rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.		
Document Title: _____	Document #: _____	Expiration Date (if any): _____
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.		
Signature of Employer or Authorized Representative		Date (month/day/year)

LISTS OF ACCEPTABLE DOCUMENTS

LIST A Documents that Establish Both Identity and Employment Eligibility	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Eligibility
OR	AND	
1. U.S. Passport (unexpired or expired)	1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address	1. U.S. Social Security card issued by the Social Security Administration <i>(other than a card stating it is not valid for employment)</i>
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address	2. Certification of Birth Abroad issued by the Department of State <i>(Form FS-545 or Form DS-1350)</i>
3. An unexpired foreign passport with a temporary I-551 stamp	3. School ID card with a photograph	3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. An unexpired Employment Authorization Document that contains a photograph (Form I-766, I-688, I-688A, I-688B)	4. Voter's registration card	4. Native American tribal document
	5. U.S. Military card or draft record	5. U.S. Citizen ID Card <i>(Form I-197)</i>
5. An unexpired foreign passport with an unexpired Arrival-Departure Record, Form I-94, bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, if that status authorizes the alien to work for the employer	6. Military dependent's ID card	6. ID Card for use of Resident Citizen in the United States <i>(Form I-179)</i>
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	7. Unexpired employment authorization document issued by DHS <i>(other than those listed under List A)</i>
	9. Driver's license issued by a Canadian government authority	
	For persons under age 18 who are unable to present a document listed above:	
	10. School record or report card	
	11. Clinic, doctor or hospital record	
	12. Day-care or nursery school record	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

FOREIGN NATIONAL INFORMATION FORM

Date we must terminate or renew: _____

All questions below must be answered, if applicable. Please attach a copy of your I-94 Form, copy of your US Visa from your passport, and Visa documentation. This form will be used to determine your tax status for wages paid by the NC Department of Transportation.

(1) Last or Family Name _____

First Name _____ Middle _____

(2) Social Security # _____ Personnel # _____

(3) Date of Birth _____ Date of Hire _____

(4) USA ADDRESS:

Street _____ Apt _____

City _____, NC Zip Code _____

Home Phone _____ Day Phone _____

E-mail Address _____

(5) FOREIGN ADDRESS:

Address Line 1 _____

Address Line 2 _____

City _____ Postal Code _____

Providence/Region _____ Country _____

(6) Country of Citizenship _____

(7) What Country issued your Passport? _____

(8) Passport # _____ Expiration Date _____

(9) Have you been to the United States prior to this visit? _____ yes _____ no

If yes, please fill in your visa immigration activity for the last 5 years in the table on page 2.

(10) IMMIGRATION STATUS:

_____ U.S. Immigrant/Permanent Resident

_____ F-1 Student

_____ H-1 Temporary Employee

_____ J-1 Exchange Visitor

_____ J-2 Spouse or Child of Exchange Visitor

_____ Other _____

(11) What is the actual primary activity of this visit? Check one:

_____ Studying in a Degree Program

_____ Studying in a Non-Degree Program

_____ Teaching

_____ Lecturing

_____ Observing

_____ Consulting

_____ Conducting Research

_____ Training

_____ Demonstrating Special Skills

_____ Temporary Employment

_____ Here with Spouse

_____ Summer Work/Travel

- (12) What is the arrival date of your first visit to the United States? _____
- (13) What is the start date of your visa for this primary activity? _____
- (14) What is the projected end date of your visa primary activity? _____
- (15) What is your Position and Department? _____
- (16) Is your Spouse in the US? _____ yes _____ no No. of Dependents _____
- (17) What type of Student? _____ Undergraduate _____ Masters _____ Doctoral _____ Other: _____

Previous History: List Visa activity for the last 5 years and all F, J, M, and Q visas since 1/1/1985.

Date of Entry Mm/dd/year	Date of Exit Mm/dd/year	Visa Type Immigration Status	Subtype	Primary Activity	Did you use tax treaty benefits?
					_____ yes _____ no
					_____ yes _____ no
					_____ yes _____ no
					_____ yes _____ no
					_____ yes _____ no
					_____ yes _____ no

I hereby certify that all of the above information is true and correct. I understand if my status changes from that which I have indicated on this form, I must submit a new Foreign National Information Form to the Payroll Department.

Signature: _____ Date: _____

INSTRUCTIONS FOR HOW TO COMPLETE THE FOREIGN NATIONAL INFO FORM:

- Name: List full name
- A. Social Security Number: Enter either the Social Security number issued by the US Social Security Administration or ITIN (Individual Taxpayer Identification Number). If you have not received your social security number yet, leave blank.
B. Personnel number: Enter your personnel number issued by the NC Department of Transportation.
- A. Enter your date of birth in month/day/year format.
B. Enter your date of hire in month/day/year format.
- A. Local Street Address: List your U.S. mailing address. (no post office boxes)
B. List your home phone number and your daytime phone number or cell phone number.
C. List your e-mail address.
- Foreign Residence Address: List your permanent residence in your home country.
- List the Country where you are a citizen.
- List the Country that issued your passport, not the country where it was issued.
- List your passport number and expiration date.
- If you have been to the U.S. before this time, check yes.
- Immigration status: Check the type of immigration status you currently hold. If you check U.S. Immigrant/Permanent Resident and have a "green card", you may proceed to the bottom of the form, sign and date. Please attach a copy of your green card if applicable.
- Check the one activity that is the actual primary reason for your visit.
- Enter your actual entry date into the U.S. Must include month, day, and year of the first time ever into the U.S. Approximate if you don't know.
- Enter the start date of your first visa for this primary activity.
- Enter the projected end date on your DS2019 or I-20.
- Occupation: Describe in general the services you are being compensated for.
- Check yes or no for whether your spouse is in the U.S. Also enter the number of dependents in the USA other than your spouse.
- Check the appropriate box, if applicable.

Be sure to sign and date the form and attach copies of all required documents.

North Carolina Department of Transportation

Employee Emergency Information

(Please Print or Type)

Employee's Legal Name:

First

Middle

Last

Residence Address:

Mailing Address (if different):

Telephone Number: () -

Cell Phone Number: () -

Emergency Contact:

First

Middle

Last

Emergency Contact Address:

Emergency Contact Telephone Number: () -

Emergency Contact Cell Phone Number: () -

Emergency Contact Work Telephone Number: () -

Signature: _____

Date: _____

NC DEPARTMENT OF TRANSPORTATION
POLICY AND PROCEDURES FOR
ID BADGES

Who gets a badge?

All employees, full time, temporary, interns

Wearing your ID Badge:

Badges must be worn at all times inside any DOT Building - daytime, nighttime, weekends and holidays.

All ID Badges must be worn from the waist up, face forward.

Absolutely no tampering or disfiguring of badge.

Absolutely no loaning of your badge to another person.

If you are working in the field, keep ID Badge in wallet.

When I forget my badge:

You must enter the building by the customer's entrance.

You will be issued a temporary badge for that workday.

You will need to return the badge at the end of the workday.

If I lose or damage my ID Badge:

If you lose your ID Badge, immediately notify the Security Section at 919.715.2324 or by email at "securitymanagement@ncdot.gov" so badge can be canceled. If notification is not made and badge is used in a theft, you will be held responsible for loss of state property.

Replacement badge must be obtained within a three (3) day period.

If in the Raleigh area, come to the Transportation Building, Room 10 to have a replacement badge issued.

Outside the Raleigh area, a replacement badge can be mailed.

Relocating, changing jobs, retiring or leaving DOT:

If you relocate or change jobs, you must notify the Security Section so your badge data can be changed. Remember each building has designated entry codes.

If you retire or leave DOT, the ID Badge must be turned in to your Supervisor. Returning your badge is part of your Exit Package. Your badge will be forwarded to the Security Section upon departure for cancellation.

Swiping Badge:

Anytime you enter a building with card access, you must swipe your badge.

If there are several employees entering the door at the same time, each employee must swipe their badge.

Remember, if you did not card in, you did not come to work.

Note:

Your ID Badge is your identification for the Department of Transportation. The badge should be worn whenever representing the department at meetings, public hearings, visiting courthouses and other government buildings, obtaining a motel room with state rates and other state related activities.

Questions:

If you have any questions, please contact the Security Section by calling 919.715.2324 or by email securitymanagement@ncdot.gov.



NC DEPARTMENT OF TRANSPORTATION

ID BADGE INFORMATION

A NCDOT ID Badge requires the following information. Complete this form and bring to Room 10, Transportation Building between the hours of 8:00 a.m. - 11:30 a.m. or 1:30 p.m. - 3:30 p.m. If you need further assistance, please call 919.715.2324 or 919.715.8425.

Last Name:

First:

MI:

Nickname:

Contractor:

Section You Work In:

Department:

Location / Building:

Room No. / Column No.:

County:

Work Phone W/Area Code:

Job Description / Company:

Personnel No: or

SSN - Last 4 Digits

Badge:

New

Replace

~ID Badges are to be worn at all times in any DOT Building. Exception is for Highway field personnel. Please keep in wallet.

~Do not let anyone into your building. Customers must obtain Visitor's Badge at designated location in the building.

~If you lose badge or change any information listed above, contact Security Section at 919-715-2324 or email "securitymanagement@ncdot.gov"

~ID Badge must be turned in upon termination of employment. Part of Exit Package.

Signature

Date

Badge No: _____ By: _____ Date: _____

(To be filled out by Security Office)

Note: If emailing form and picture, please reduce resolution on your photos.

Email to: securitymanagement@ncdot.gov

***** PLACE IN PERSONNEL FILE *****

INSTRUCTIONS FOR ID BADGE INFORMATION SHEET

Last Name, First and MI

Complete as requested. No nicknames here.

Nickname

These are names like "Steve", "Tom", "Nikki". Please do not use names such as "Pogo", "Knuckle Head", "Big Boss".

Contractor:

Example: IT Contractor

Section You Work In

Examples: Traffic Engineering, Division 5, IT, License and Theft

Department

DOT, DOH, DMV

Location / Building

Examples: Transportation Building, DMV, Century Center A

Room No. / Column No.

Only when it applies. Mostly Transportation Building, DMV, Century Center.

County

The County in which you work.

Work Phone w/Area Code

Complete as requested

Job Description / Company

Examples: Congestion Management, Construction, Scanning

Personnel No. or SSN - Last 4 Digits

Complete one or the other

Badge: New or Replace

Check appropriate box.

Those outside the Raleigh area can email a digital picture (shoulders up) and form to securitymanagement@ncdot.gov

If you are sending 5 or more pictures, send on a CD with each picture named and the forms by inter-office mail. "Security Section, 1504 MSC, Room 10, Raleigh, NC"

For any questions or assistance, please call - 919-715-2324

North Carolina
Dept. of Transportation
Raleigh, N. C. 27611

December 2007

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1 335
2 336	3 337	4 338	5 339	6 340	7 341	8 342
9 343	10 344	11 345	12 346	13 347	14 128	15 349
16 350	17 351	18 352	19 353	20 354	21 355	22 356
23 357	24 358	25 359	26 360	27 361	28 401	29 363
30 364	31 365					



January 2008

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1 1	2 2	3 3	4 4	5 5
6 6	7 7	8 8	9 9	10 10	11 402	12 12
13 13	14 14	15 15	16 16	17 17	18 18	19 19
20 20	21 21	22 22	23 23	24 24	25 403	26 26
27 27	28 28	29 29	30 30	31 31		

February 2008

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1 32	2 33
3 34	4 35	5 36	6 37	7 38	8 404	9 40
10 41	11 42	12 43	13 44	14 45	15 46	16 47
17 48	18 49	19 50	20 51	21 52	22 405	23 54
24 55	25 56	26 57	27 58	28 59	29 60	

March 2008

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1 61
2 62	3 63	4 64	5 65	6 66	7 406	8 68
9 69	10 70	11 71	12 72	13 73	14 74	15 75
16 76	17 77	18 78	19 79	20 80	21 407	22 82
23 83	24 84	25 85	26 86	27 87	28 88	29 89
30 90	31 91					

April 2008

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1 92	2 93	3 94	4 408	5 96
6 97	7 98	8 99	9 100	10 101	11 102	12 103
13 104	14 105	15 106	16 107	17 108	18 409	19 110
20 111	21 112	22 113	23 114	24 115	25 116	26 117
27 118	28 119	29 120	30 121			

May 2008

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1 122	2 410	3 124
4 125	5 126	6 127	7 128	8 129	9 130	10 131
11 132	12 133	13 134	14 135	15 136	16 411	17 138
18 139	19 140	20 141	21 142	22 143	23 144	24 145
25 146	26 147	27 148	28 149	29 150	30 412	31 152

June 2008

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1 153	2 154	3 155	4 156	5 157	6 158	7 159
8 160	9 161	10 162	11 163	12 164	13 413	14 166
15 167	16 168	17 169	18 170	19 171	20 172	21 173
22 174	23 175	24 176	25 177	26 178	27 414	28 180
29 181	30 182					

July 2008

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1 183	2 184	3 185	4 186	5 187
6 188	7 189	8 190	9 191	10 192	11 415	12 194
13 195	14 196	15 197	16 198	17 199	18 200	19 201
20 202	21 203	22 204	23 205	24 206	25 416	26 208
27 209	28 210	29 211	30 212	31 213		

August 2008

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1 214	2 215
3 216	4 217	5 218	6 219	7 220	8 417	9 222
10 223	11 224	12 225	13 226	14 227	15 228	16 229
17 230	18 231	19 232	20 233	21 234	22 418	23 236
24 237	25 238	26 239	27 240	28 241	29 242	30 243
31 244						

September 2008

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1 245	2 246	3 247	4 248	5 419	6 250
7 251	8 252	9 253	10 254	11 255	12 256	13 257
14 258	15 259	16 260	17 261	18 262	19 420	20 264
21 265	22 266	23 267	24 268	25 269	26 270	27 271
28 272	29 273	30 274				

October 2008

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1 275	2 276	3 421	4 278
5 279	6 280	7 281	8 282	9 283	10 284	11 285
12 286	13 287	14 288	15 289	16 290	17 422	18 292
19 293	20 294	21 295	22 296	23 297	24 298	25 299
26 300	27 301	28 302	29 303	30 304	31 423	

November 2008

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1 306
2 307	3 308	4 309	5 310	6 311	7 312	8 313
9 314	10 315	11 316	12 317	13 318	14 424	15 320
16 321	17 322	18 323	19 324	20 325	21 326	22 327
23 328	24 329	25 330	26 331	27 332	28 425	29 334
30 335						

December 2008

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1 336	2 337	3 338	4 339	5 340	6 341
7 342	8 343	9 344	10 345	11 346	12 426	13 348
14 349	15 350	16 351	17 352	18 353	19 354	20 355
21 356	22 357	23 358	24 359	25 360	26 401	27 362
28 363	29 364	30 365	31 366			



North Carolina
Office of the State Controller

Mandatory Direct Deposit Notification

(To be signed by all new hires, and rehires on and after August 1, 2007)

In accordance with the State Controller's Policy issued July 1, 2007, as a condition of employment, a person hired or appointed to a position in a state agency on or after August 1, 2007, and who is serviced by a payroll center administered by the Office of the State Controller, shall be required to accept all payroll related payments by direct deposit. The policy may be viewed at the State Controller's Website - http://www.ncosc.net/sigdocs/sig_docs/payroll/Payroll_Forms.html.

I understand that as a condition of employment, because I am a new hire or rehire applicant, I must comply with the policy and enroll in the direct deposit feature within 30 days of being hired or rehired, and remain enrolled in the direct deposit feature during the tenure of my employment. I understand that I can apply for an exemption from this requirement as provided by the policy. I understand that if I am not granted an exemption, I may be subject to dismissal.

Applicant Name (Please Print) _____

Applicant Signature: _____ Date: _____

To be completed by employing agency:

Advertised Position #: _____ Position Title: _____

Hiring Agency Name: _____

Hiring Supervisor or HR Official: _____

Copy 1 - Agency Human Resources Office; Copy 2 – Employee



North Carolina
Office of the State Controller

**DIRECT DEPOSIT
ENROLLMENT AND CHANGE FORM**
FORM OSCPXA 01

Payroll Unit # _____
(to be completed by Payroll Office)

<input type="checkbox"/> ENROLL ME IN DIRECT DEPOSIT		<input type="checkbox"/> CHANGE MY DIRECT DEPOSIT	
SOCIAL SECURITY NUMBER:	FIRST NAME:	MI:	LAST NAME:
AGENCY OR UNIVERSITY:	WORK E-MAIL ADDRESS:	WORK PHONE NUMBER:	

NAME OF BANK OR FINANCIAL INSTITUTION:	
<input type="checkbox"/> Deposit to my CHECKING or MONEY MARKET account (my name is on this account)	
<input type="checkbox"/> Deposit to my SAVINGS account (my name is on this account)	
I am ATTACHING (check one and STAPLE HERE)	
<input type="checkbox"/> a PHOTOCOPY of a CHECK with my preprinted name and current address	
<input type="checkbox"/> a CHECK marked " VOID " with my preprinted name and current address	
<input type="checkbox"/> an official BANK FORM , certified and stamped by a banking official, which provides my account number and the bank routing number	
<input type="checkbox"/> a DEPOSIT SLIP for my savings account PLUS the bank routing number shown below: _____	

<p align="center">PLEASE NOTE:</p> <p>The Office of the State Controller (OSC) will transmit your payment electronically based on the information you have provided. If the payroll transmission fails because you have given your Payroll Office incorrect or outdated information, the State can only provide a replacement payment AFTER a refund from the financial institution has been received. It is important that you provide correct account and bank routing numbers, and that you notify your Payroll Office immediately if you change banks or account numbers. The OSC has the right to retract and correct payments, as necessary.</p> <p>This completed form must be received in your Agency Payroll Office no less than 15 days prior to your next payday for the direct deposit to be effective for the next pay period.</p>
--

I authorize my salary payment to be routed to the bank or financial institution listed on this form and deposited into the account identified on the attached certification document. I understand and accept the conditions of participation in the direct deposit program.	
SIGNATURE:	DATE:

Employee's Withholding Allowance Certificate

North Carolina Department of Revenue

PURPOSE. Complete Form NC-4 so that your employer can withhold the correct amount of State income tax from your pay.

BASIC INSTRUCTIONS. Complete the **Personal Allowances Worksheet** on Page 2. An additional worksheet is provided on Page 2 for employees to adjust their withholding allowances based on itemized deductions, adjustments to income, or tax credits. The worksheets will help you figure the number of withholding allowances you are entitled to claim. However, you may claim fewer allowances if you wish to increase the tax withheld during the year. If your withholding allowances decrease, you must file a new NC-4 with your employer within 10 days after the change occurs except that a new NC-4 is not required until the next year in the following cases:

1. When a dependent dies during the year.
2. When an individual ceases to be a dependent during the year and the support furnished will be the chief support for the year.
3. When an individual ceases to be head of household after maintaining the household for the major portion of the year.

Note: Read line 3 of the certificate below to see if you can claim exempt status. If exempt, only complete the certificate; but do not complete lines 1 and 2. No State

income tax will be withheld from your pay. If claiming exempt, the statement is effective for one calendar year only and a new statement must be completed and given to your employer by next February 15.

HEAD OF HOUSEHOLD. Generally you may claim head of household status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. Note: "Head of Household" for State tax purposes is the same as for federal tax purposes.

QUALIFYING WIDOW(ER). You may claim qualifying widow(er) status only if your spouse died in either of the two preceding tax years and you meet the following requirements:

1. Your home is maintained as the main household of a child or stepchild for whom you can claim an exemption; and
2. You were entitled to file a joint return with your spouse in the year of your spouse's death.

Note: "Qualifying Widow(er)" for State tax purposes is the same as for federal tax purposes. Because the standard deduction used in the tax tables for married and qualifying widow(er) is \$3,000 and you are entitled to a standard deduction of \$6,000, you may elect to

claim an additional personal withholding allowance on line C of the **Personal Allowances Worksheet** to avoid having too much tax withheld.

MARRIED AND SPOUSE DOES NOT WORK OR HAS WAGE INCOME OF LESS THAN \$3,500. The withholding tax tables are based on both spouses earning wages during the year. If your spouse does not work or will earn wages of less than \$3,500 during the year, you may elect to complete line B of the **Personal Allowances Worksheet** to avoid having too much tax withheld.

TWO JOBS. If you have more than one job, figure the total number of allowances you are entitled to claim on all jobs using only one form NC-4. This total should be divided among all jobs. Your withholding will usually be most accurate when all allowances are claimed on the NC-4 filed for the higher paying job and zero allowances are claimed for the other.

NONWAGE INCOME. If you have a large amount of nonwage income, such as interest or dividends, you should consider making estimated tax payments using Form NC-40.

All NC-4 forms are subject to review by the North Carolina Department of Revenue. Your employer may be required to send this form to the North Carolina Department of Revenue.

Social Security Number

First Name (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)

Address

City

Marital Status

☐ Single ☐ Head of Household ☐ Married or Qualifying Widow(er)

M.I. Last Name

County (Enter first five letters)

State

Zip Code (5 Digit)

Country (If not U.S.)

1. Total number of allowances you are claiming
(From Line F of the **Personal Allowances Worksheet** on Page 2)

2. Additional amount, if any, you want deducted from each pay period
(Enter whole dollars)

3. I claim exemption from withholding and I certify that I meet ALL of the following conditions for exemption:

- Last year I was entitled to a refund of ALL State income tax withheld because I had NO tax liability; and
- This year I expect a refund of ALL State income tax withheld because I expect to have NO tax liability.

If you meet all of the above conditions, enter the year effective 20 and write "EXEMPT" here →

CAUTION: If you furnish an employer with an Employee's Withholding Allowance Certificate that contains information which has no reasonable basis and results in a lesser amount of tax being withheld than would have been withheld had you furnished reasonable information, you are subject to a penalty of 50% of the amount not properly withheld.

Signature

Date

I certify, under penalties provided by law, that the withholding allowances claimed on this certificate do not exceed the amount to which I am entitled.

(Employer: Complete below only if sending to the North Carolina Department of Revenue. Submit the original and keep a copy for your records.)

Employer's Name (USE CAPITAL LETTERS)

FEIN

Employer's Address

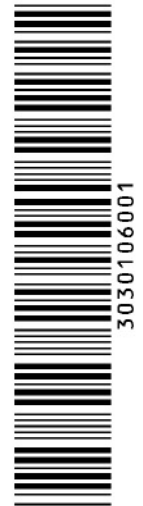
County (Enter first five letters)

City

State

Zip Code (5 Digit)

Country (If not U.S.)



Personal Allowances Worksheet

A. Enter "1" for yourself if no one else can claim you as a dependent A. _____

IN ADDITION TO A. ABOVE:B. Enter "1" if you are married and you expect your spouse's wages to be from \$1,000 to \$3,500.
Enter "2" if you are married and your spouse has no income or expects to earn less than \$1,000 B. _____

C. Enter "1" if you are a qualifying widow(er)..... C. _____

D. Enter the number of dependents (other than your spouse or yourself) you will claim on
your tax return D. _____E. If you plan to itemize, claim adjustments to income, or have allowable tax credits and want to
reduce your withholding, complete the **Deductions, Adjustments, and Tax Credits Worksheet**
below and enter number from line 14..... E. _____F. Add lines A through E and enter total here and on line 1 of your **Employee's Withholding
Allowance Certificate** F. _____**Deductions, Adjustments, and Tax Credits Worksheet**1. Additional withholding allowances may be claimed if you expect to have allowable itemized
deductions exceeding the standard deduction. Enter an estimate of the total itemized
deductions to be claimed on your federal tax return less the amount of any State income tax
included in your federal deductions..... 1. _____2. Enter

{	\$4,400 if head of household
	\$3,000 if single
	\$3,000 if married filing separately
	\$6,000 if married filing jointly or qualifying widow(er).....

 2. _____

3. Subtract line 2 from line 1, enter the result here 3. _____

4. Enter an estimate of your federal adjustments to income and your State deductions from
federal taxable income 4. _____

5. Add lines 3 and 4 5. _____

6. Enter an estimate of your nonwage income (such as dividends or interest)..... 6. _____

7. Enter an estimate of your State additions to federal taxable income (do not enter the
addition for state income tax or the additions for the standard deduction and personal exemption
inflation adjustment)..... 7. _____

8. Add lines 6 and 7..... 8. _____

9. Subtract line 8 from line 5..... 9. _____

10. Divide the amount on line 9 by \$2,500 (\$2,000 if you expect your income from all sources for
the year to equal or exceed the following amounts for your filing status: \$60,000 - single;
\$80,000 - head of household; \$50,000 - married or qualifying widow(er)) and enter the result
here. Drop any fraction..... 10. _____11. If you are entitled to tax credits, for each \$175 (\$140 if you expect your income from all
sources for the year to equal or exceed the following amounts for your filing status: \$60,000 - single;
\$80,000 - head of household; \$50,000 - married or qualifying widow(er)) of tax credit, enter "1"
additional allowance..... 11. _____

12. Add lines 10 and 11 and enter total here..... 12. _____

13. If you completed this worksheet on the basis of married filing jointly, enter the number from line
12 that your spouse will claim 13. _____14. Subtract line 13 from line 12 and enter the total here and on line E of the **Personal Allowances
Worksheet**..... 14. _____

Form W-4 (2008)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2008 expires February 16, 2009. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$900 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits,

adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax

payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2008. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____				
B	Enter "1" if: <table border="0"><tr><td>• You are single and have only one job; or</td><td rowspan="3">}</td></tr><tr><td>• You are married, have only one job, and your spouse does not work; or</td></tr><tr><td>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</td></tr></table>	• You are single and have only one job; or	}	• You are married, have only one job, and your spouse does not work; or	• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.	B _____
• You are single and have only one job; or	}					
• You are married, have only one job, and your spouse does not work; or						
• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.						
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____				
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____				
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____				
F	Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F _____				
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$58,000 (\$86,000 if married), enter "2" for each eligible child. • If your total income will be between \$58,000 and \$84,000 (\$86,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have 4 or more eligible children.	G _____				
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H _____				
	For accuracy, complete all worksheets that apply. <table border="0"><tr><td>• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.</td></tr><tr><td>• If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.</td></tr><tr><td>• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.</td></tr></table>	• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.	• If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.	• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.		
• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.						
• If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.						
• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.						

----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
Department of the Treasury Internal Revenue Service		▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		2008
1 Type or print your first name and middle initial.		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5		
6 Additional amount, if any, you want withheld from each paycheck		6		\$
7 I claim exemption from withholding for 2008, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7		
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (Form is not valid unless you sign it.) ▶				
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions, claim certain credits, or claim adjustments to income on your 2008 tax return.

- 1** Enter an estimate of your 2008 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2008, you may have to reduce your itemized deductions if your income is over \$159,950 (\$79,975 if married filing separately). See *Worksheet 2* in Pub. 919 for details.) **1** \$ _____
- 2** Enter: $\left\{ \begin{array}{l} \$10,900 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,000 \text{ if head of household} \\ \$5,450 \text{ if single or married filing separately} \end{array} \right\}$ **2** \$ _____
- 3** Subtract line 2 from line 1. If zero or less, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your 2008 adjustments to income, including alimony, deductible IRA contributions, and student loan interest **4** \$ _____
- 5** Add lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 8* in Pub. 919) **5** \$ _____
- 6** Enter an estimate of your 2008 nonwage income (such as dividends or interest) **6** \$ _____
- 7** Subtract line 6 from line 5. If zero or less, enter "-0-" **7** \$ _____
- 8** Divide the amount on line 7 by \$3,500 and enter the result here. Drop any fraction **8** _____
- 9** Enter the number from the **Personal Allowances Worksheet**, line H, page 1 **9** _____
- 10** Add lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 **10** _____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1** Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) **1** _____
 - 2** Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$50,000 or less, do not enter more than "3." **2** _____
 - 3** If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet **3** _____
- Note.** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4-9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.
- 4** Enter the number from line 2 of this worksheet **4** _____
 - 5** Enter the number from line 1 of this worksheet **5** _____
 - 6** Subtract line 5 from line 4 **6** _____
 - 7** Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here **7** \$ _____
 - 8** Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed **8** \$ _____
 - 9** Divide line 8 by the number of pay periods remaining in 2008. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2007. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck **9** \$ _____

Table 1

Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above
\$0 - \$4,500	0	\$0 - \$6,500	0
4,501 - 10,000	1	6,501 - 12,000	1
10,001 - 18,000	2	12,001 - 20,000	2
18,001 - 22,000	3	20,001 - 27,000	3
22,001 - 27,000	4	27,001 - 35,000	4
27,001 - 33,000	5	35,001 - 50,000	5
33,001 - 40,000	6	50,001 - 65,000	6
40,001 - 50,000	7	65,001 - 80,000	7
50,001 - 55,000	8	80,001 - 95,000	8
55,001 - 60,000	9	95,001 - 120,000	9
60,001 - 65,000	10	120,001 and over	10
65,001 - 75,000	11		
75,001 - 100,000	12		
100,001 - 110,000	13		
110,001 - 120,000	14		
120,001 and over	15		

Table 2

Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$65,000	\$530	\$0 - \$35,000	\$530
65,001 - 120,000	880	35,001 - 80,000	880
120,001 - 180,000	980	80,001 - 150,000	980
180,001 - 310,000	1,160	150,001 - 340,000	1,160
310,001 and over	1,230	340,001 and over	1,230

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, and the District of Columbia for use in administering their tax laws, and using it in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

North Carolina Department of Transportation

ETHICS POLICY

Preamble

The holding of a public office by appointment or employment is a public trust. Independence and impartiality of public officials and employees of the Department of Transportation are essential to maintain the confidence of our citizens.

The members of the Board of Transportation, officers and employees of the North Carolina Department of Transportation have a duty to the people of North Carolina to uphold the public trust, prevent the occurrence of conflicts of interest, and endeavor at all times to use their position for the public benefit.

To this end, members of the board, officers, and employees of the Department of Transportation shall ensure that an atmosphere of ethical behavior is promoted and maintained at all times.

Introduction

The major transportation functions of the North Carolina Department of Transportation (NCDOT) include highways, public transportation, motor vehicles, railways, bicycles, pedestrian facilities, aeronautics and ferries. The NCDOT is statutorily responsible for providing the necessary planning, construction, maintenance, and operation of an integrated statewide transportation system for the economical and safe transportation of people and goods as provided for by law, including the registration of transportation vehicles and driver's license. It is in the public interest to establish policies on ethical conduct which set forth a code of behavior to be followed by employees of the NCDOT that is consistent with federal and state laws, as well as related Department policies. These policies on ethical behavior are intended to guide the actions of all employees of NCDOT.

Employees of the NCDOT are expected to maintain and exercise the highest ethical standards of conduct in the performance of their duties and responsibilities, and as a condition of employment shall abide by this policy. Employees of the NCDOT are expected to conduct themselves in a manner that prevents all forms of impropriety, to

include but not limited to, placement of self interest above public interest, partiality, prejudice, favoritism and undue influence.

This policy applies to all employees of the NCDOT and shall be brought to the attention of each employee during orientation and through annual training by Human Resources. Failure to comply with this policy will be grounds for disciplinary action up to and including dismissal.

Definitions

1. Conflict of interest

A conflict of interest arises when an employee's private interest, usually of a personal, financial or economic nature, conflicts or creates the appearance of a conflict with the employee's public duties and responsibilities.

2. Gift

A gift is anything of value given without compensation.

3. Favor

A favor is any opportunity, service, accommodation, use of facility, or other benefit made available for less than fair market or normal value given in exchange for being influenced in the discharge of one's duties and responsibilities.

4. Employee

Employee for the purposes of this policy shall mean both State officer and employee holding an office or employment with the North Carolina Department of Transportation.

5. Family

Family for the purposes of this policy includes spouse, you and your spouse's children, parents, in-laws, step-parents, step-child, step-sibling, grandchildren, brother, sister, uncle, aunt, first cousin, also any dependent person living in the same household.

I. Conflict of Interest

No employee shall have any interest, financial or otherwise, direct or indirect, or engage in any business, transaction or activity that is in conflict or could appear to be in conflict with the proper discharge of his or her duties. An appearance of a conflict of interest exists when a reasonable person would conclude from the circumstances that the employee's ability to protect the public interest, or perform public duties, is compromised by personal interest. Examples of conflict of interest are as follows:

A. Misuse of Official Position

No employee shall use or attempt to use his or her position with the NCDOT to secure unwarranted privileges or advantages for himself, herself or others.

B. Contracts and Purchasing Order Agreements

No employee authorized to draft, negotiate, administer, accept or approve any contract, subcontract or purchase order agreement on behalf of the State, or any member of his/her family, shall have, directly or indirectly, any financial interest in such contract, subcontract or purchase order agreement.

In an effort to avoid the appearance of impropriety while conducting the public's business, employees will be restricted from accepting any employment or engaging in any relationship following their employment with NCDOT with any business entity in connection with any contract, subcontract or purchase order agreement that they participated in any of the following activities:

1. Drafting the contract, subcontract or purchasing order agreement ;
2. Defining the scope of the contract, subcontract or purchasing order agreement;
3. Selection of the business entity for services;
4. Negotiation of the cost of the contract, subcontract or purchasing order agreement, including calculation of man-hours, fees or extent of services;
5. Administration of the contract or purchase order agreement.

This section is not intended to prohibit employment with a business entity if the employment is on work other than the specific contract, subcontract or purchase order agreement with which they were involved. An exception to this section of the policy may be granted when recommended by the Secretary of Transportation and approved by the Board of Transportation.

C. Real/Personal Property

No employee or member of his/her family shall use an employee's position to profit from, directly or indirectly, an interest in real or personal property.

D. Business Opportunities

No employee or member of his/her immediate family shall accept any business or professional opportunity when such person knows, or reasonably should know, that the opportunity is being afforded to them with the intent to influence the performance of the employee's official duties.

E. Outside Employment and Activities

In accordance with NCDOT Secondary Employment policy, the employment responsibilities to the State are primary for any employee working full-time and any other employment in which that person chooses to engage is secondary. An employee shall have the approval from the division, branch or unit manager before engaging in any secondary employment.

No employee shall accept employment or render services for any private or public interest when that employment or service is in conflict with the discharge of his or her official duties or when that employment may tend to impair his or her objectivity or independence of judgment in the performance of such duties or induce them to disclose confidential or any information gained through their State duties.

F. Use of Information

No employee shall, directly or indirectly, use, disclose, or allow the use of official information which was obtained through or in connection with his or her official duties and which has not been made available to the general public for the purpose of furthering the private interest or personal profit of any business entity or person, including the employee.

II. Gifts and Favors

No employee shall knowingly, directly or indirectly, ask, accept, demand, exact, solicit, seek, assign, receive, or agree to receive anything of value for the employee or for another person, in return for being influenced in the discharge of the employee's duties and responsibilities.

No employee shall solicit for a charitable purpose a gift from a subordinate employee, except as provided in NC General Statute, Section 138A-32 (b).

No employee shall solicit or accept, directly or indirectly, on behalf of himself or herself or family member, any gift or favor from a contractor, subcontractor, vendor, supplier, lobbyist or any other individual or other business entity that:

1. Has or is seeking to obtain contractual or other business or financial relations with the Department;
2. Conducts operations or activities that are regulated by the Department;
3. Have interests that may be substantially affected by the performance or non-performance of the employee's official duties.

Exceptions to this section, gifts and favors, are noted in NC General Statute, Section 138A-32 (e).

Any such gift or favor received from a contractor, subcontractor, supplier, lobbyist or any other individual or other business entity must be reported and remitted immediately through the appropriate chain of command to the Secretary of Transportation.

III. Consultation

Employees are urged to consult with the Division of Human Resources, Classification, Compensation & Policy Unit staff when an ethical question arises under this policy.

IV. Distribution and Training of Ethics Policy

A copy of this policy will be presented to all new employees at the time of employment and posted in a conspicuous place throughout the Department and made available on the NCDOT web site.

Training shall be provided by Human Resources every other year.

V. Enforcement and Compliance

This policy will be enforced by the Secretary of Transportation. Failure to comply with the above policy will be grounds for disciplinary action up to and including dismissal from employment with the NCDOT. Conflicts of interest or unethical behavior that defrauds the Department, vendor, contractor, subcontractor, or supplier may also be violations of criminal law and may result in criminal prosecution.

VI. Disclosures

Any employee who identifies a conflict of interest shall disclose the same promptly in writing through appropriate management channels to the Secretary of Transportation.

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION ETHICS POLICY DECLARATION

This form is to be completed by all employees of NCDOT. However, new hires and State employee transfers should complete this form during orientation or on the effective date of transfer.

1. Have you read the attached Ethics Policy?

_____ Yes _____ No

2. Are you presently in compliance with this Policy?

_____ Yes _____ No _____ Unsure

If you answered 'no' or 'unsure,' please provide an explanation.

3. Do you anticipate any situation that would cause your interests to conflict with the interests of North Carolina Department of Transportation?

_____ Yes _____ No _____ Unsure

If you answered 'yes' or 'unsure,' please provide an explanation.

4. Do you have any matter relating to the Ethics Policy that should be discussed at this time? For example, do you have a family member employed with a company performing work for the Department?

_____ Yes _____ No

If you answered 'yes,' please provide an explanation.

I, _____, affirm that I will abide by the principles of the Ethics Policy.

Date

Signature

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION

STATE TELEPHONE NETWORK POLICY AND PROCEDURES

- I. **Purpose:** To ensure proper and authorized use of the State Telephone Network.
- II. **Overall Policy Statement:** Use of State telephones for local personal calls should be kept to a minimum in amount and duration. Employees are not allowed to charge long distance phone calls to the State for calls of a personal nature. All long distance calls, which are to be paid by the State, are those made pursuant to the employee conducting official state business. Personal use of the phone system is not a fringe benefit. Misuse of telephone privileges may result in disciplinary action up to and including dismissal.
- III. **Types of Calls:**
 - A. **Local Personal Calls** – Use of State telephones for local personal calls should be kept to the absolute minimum. Local access is usually obtained by dialing **9 + phone number**.
 - B. **Long Distance Calls** – Employees are not allowed to make personal long distance calls on the State Telephone Network; instead, these should be charged to the employee's home phone or personal credit card. All long distance calls which are to be paid by the State are those made while conducting official state business. Long distance access may vary depending on location of work place and type of phone system. Collect and third party billing calls are not permitted unless special authorization has been granted. Individual units may require a phone log of long distance phone calls, as well as local calls.
 - C. **Allowable Personal Calls** – An employee who is on travel status is allowed limited long distance phone calls in accordance with the Uniform Travel Policy and Reimbursement Procedures.
 - D. **Telephone Credit Cards** – Telephone credit cards are issued to employees who frequently travel as a requirement of their position. These credit cards are only for official State business. No personal long-distance phone calls may be charged to the State credit cards. NCDOT employees should never give out their credit card number. All credit card users are required to use the State Telephone Network credit card whenever possible.
 - E. **Emergency Calls** – Employees may use the State Network System, State credit card, or may be reimbursed for a personal long distance call(s) if such

call(s) is of an emergency nature as determined by the department. An example may be a call made when an employee calls home to inform someone that the travel period has been extended beyond original plans due to unforeseen circumstances.

- F. Cellular or Wireless Telephones** – Because cellular or wireless telephone charges are based on measured use, no personal calls should be made on cellular or wireless telephones except in case of emergency as determined by the department. Cellular or wireless telephones should only be used when more economical means of telephoning are not available. (For more detailed information on the use of cellular and wireless telephones, refer to the NCDOT Wireless Phone Policy and Procedures.)
- G. Secondary Employment** – No telephone calls related to secondary employment are to be made during official State working hours.
- H. Fax Machines** – Fax machines are provided for official NCDOT business only, including local calls. Personal use is not permitted for outgoing or incoming transmittals.
- I. Emergency Situations** – Should emergency circumstances arise which necessitates a State employee to make a personal long distance call not covered by **A-H** above, the employee should immediately notify his or her supervisor and make arrangements to reimburse the State.

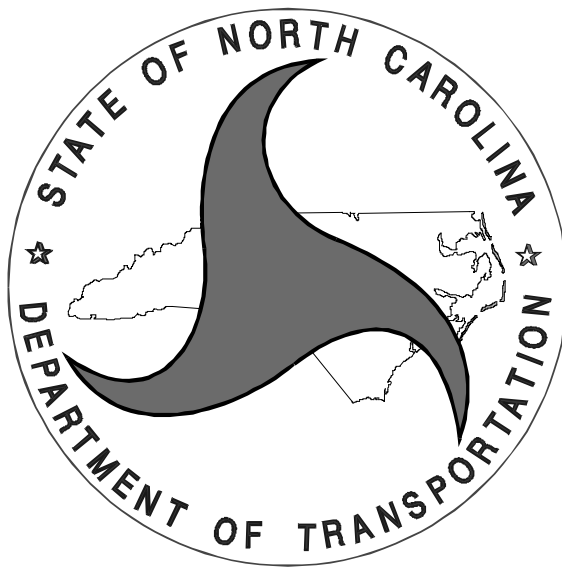
IV. Telephone Etiquette: All NCDOT employees are expected to use appropriate telephone etiquette in answering and referring calls. Refer to the individual unit's customer service plan regarding usage and operation of the telephone system.

Employee's Signature

Date

State of North Carolina

Department of Transportation



Statement of Understanding
Regarding Use of Computers and Information Technology Resources by
Department of Transportation Employees

Purpose

This statement is intended to inform employees of their rights and obligations relative to federal and state law, and the Department's Computer and Data Security Policy. These declarations introduce some of the requirements that have been put into place by the Department. They are necessarily incomplete. The Department has the right to inspect an employee's computer system for violations of these policies.

Department Policy Regarding the Use of Computer Software

The Department licenses the use of computer software from a variety of outside companies. The Department does not own the copyright to this software or its related documentation and, except for a single copy for backup purposes or unless expressly authorized by the copyright owner(s), does not have the right to reproduce it for use on more than one computer.

- Any employee who knowingly makes, acquires, or uses unauthorized copies of computer software licensed to the Department or who places or uses unauthorized software on Department premises or equipment shall be subject to disciplinary action up to and including dismissal.
- Employees are not permitted to install software onto Department computers without permission. Employees are not permitted to copy software from Department computers and install it on home or any other computers without permission.
- Department employees learning of any misuse of software or related documentation within the Department shall notify the Data Security Administrator or other appropriate person. According to the U.S. Copyright law, 17 U.S.C. et. seq., unauthorized reproduction of software is a federal offense. Offenders can be subject to civil damages of as much as \$100,000 per title copied, and criminal penalties, including fines (up to \$250,000 per work copied) and imprisonment (up to 5 years per title copied).
- The Department does not condone and specifically forbids the unauthorized duplication of software.
- With regard to software usage on local area networks, employees shall use the software only in accordance with the license agreement.
- The copyright to software written by employees using state equipment and time is owned by the Department.
- Disposal of software shall be done in accordance with the license agreement and state law. Employees are not allowed to dispose of software without permission.

Department Policy Regarding Internet Usage

As part of the Department's commitment to the utilization of new technologies, many of our employees have access to the Internet. In order to ensure compliance with the copyright law, and protect ourselves from being victimized by the threat of viruses or computer hacking, the following is effective immediately:

- It is the Department's policy to limit Internet access to official business. The introduction of viruses, malicious tampering, or the use of any computer system for commercial or personal gain is prohibited. Any such activity shall result in disciplinary action up to and including dismissal.

- Employees using the Department's accounts are acting as representatives of the Department. As such, employees should act accordingly so as not to damage the reputation of the Department.
- Files which are downloaded from the Internet must be scanned with virus detection software before installation or execution. All appropriate precautions should be taken to detect for a virus and, if necessary, to prevent its spread.
- The truth or accuracy of information on the Internet and in e-mail should be considered suspect until confirmed by a separate (reliable) source.
- Employees shall not place Department information (copyrighted software, internal correspondence, etc.) on any publicly accessible Internet computer without prior permission.
- Alternate Internet Service Provider connections to the Department's internal network are not permitted unless expressly authorized and properly protected by a firewall or other appropriate security device(s).
- The Internet does not guarantee the privacy and confidentiality of information. Sensitive material transferred over the Internet may be at risk of detection by a third-party. Employees must exercise caution and care when transferring such material in any form.
- Unless otherwise noted, all software on the Internet should be considered copyrighted work. Therefore, employees are prohibited from downloading software and/or modifying any such files without determining their obligations under the license agreement.
- Any infringing activity by an employee may be the responsibility of the Department. Therefore, the Department may choose to hold the employee liable for their actions.

Department Policy regarding Computer Viruses

A computer virus is a parasitic program written intentionally to alter the way a computer operates without the user's permission or knowledge. Most Department PC's are equipped with anti-virus software. This software will automatically identify and disinfect most common viruses. In order to ensure that further damage is not done, only qualified personnel will attempt to remove viruses that are detected but not disinfected by the anti-virus software.

- Under state law, N.C. Gen. Stat. §14-455, it is a felony to intentionally infect a computer with a computer virus.
- Employees shall report all computer viruses that the anti-virus software fails to detect or disinfect to their Data Security Coordinator. The full cooperation of all users is required during investigations and clean up operations.
- Employees are not allowed to attempt to remove viruses with any other software product.
- Employees are not allowed to remove or change the setup of the anti-virus software that is installed on their computers.

Department Policy regarding Computer ID's

All computer ID's, personal identification numbers (PIN's), or tokens, regardless of the associated hardware platform, are considered to be state property that has been issued to the employee. The employee is responsible for the use of any ID's and for any hardware or software devices associated with the ID.

- Computer ID's are assigned to employees. The employee is accountable for all activity carried out with their ID's.
- Employees are not allowed to share their ID's with other users or to borrow an ID from someone else.
- All employees are responsible for choosing passwords that are difficult to guess and for ensuring that their passwords are kept secret and not revealed to anyone.

Department Policy regarding Computer Ethics

- Employees shall take appropriate action in regard to any illegal or unethical practices that come to their attention.
- As a person who owns or who is responsible for information, always make sure that the information is reasonably protected and that ownership of it and rights to it are clear to all users.
- As a person who uses information, always assume it is owned by others and their interests must be protected unless you explicitly know it is public or you are free to use it in the way you wish.

Administrative Requirements

All permanent and temporary employees including contractors who use the Departments Information Technology resources should read and sign the Statement of Understanding. The form should be stored in the employee's personnel file. A copy of the original may be made and given to the employee. Additional copies may be obtained from the DOT and DMV Supply rooms. Field units may request copies via the mainframe application "PFHA". **For more information contact the Management Assessment Unit at 919-715-2329.**

I have read the Statement of Understanding Regarding Use of Computers and Information Technology Resources by Department of Transportation Employees and agree to abide by it as consideration for my continued employment by the Department. I understand that violation of any of these policies may result in my dismissal.

Signature

Date

(Form No. 61-03451)



STATE OF NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION

MICHAEL F. EASLEY
GOVERNOR

1501 MAIL SERVICE CENTER, RALEIGH, N.C. 27699-1501

LYNDO TIPPETT
SECRETARY

February 9, 2001

MEMORANDUM

TO: All EMPLOYEES

FROM: Lyndo Tippet

SUBJECT: Policy and Procedures on Internet and E-mail Usage

The Department of Transportation's Policy and Procedure on the Internet and E-Mail usage is attached. Please read this policy carefully and be aware of DOT's position in the use of these state-owned business tools.

We depend on you to use these business tools in a responsible and professional manner at all times. We have a responsibility to our department, to the State, and the citizens of North Carolina not to abuse or misuse this technology for personal satisfaction or gain.

It is a granted privilege to be able to access the E-Mail and Internet. Our department possesses the technical capability to retrieve and review communications and Internet access information. This information can be retrieved even though it has been deleted from your individual system. Do not jeopardize your privilege to access these systems or your job by misusing these business tools. There will zero tolerance for any abuse of them.

Each manager will verbally review this policy with each staff member and all DOT consultants. Failure to comply with this policy will result in disciplinary action and possible dismissal. In addition, I am requesting that all managers and our Human Resources Office to include this policy as part of the new employee orientation process.

If you have questions regarding this policy, please discuss it with your immediate supervisor.

Attachment
LT:rh

North Carolina Department of Transportation

The Internet and E-mail Policy and Procedures

I. SCOPE AND APPLICABILITY

As a supplement to and in conjunction with the Statement of Understanding Regarding Use of Computers and Information Technology Resources, this policy and procedure provides clear and concise guidelines for use of the Internet and E-mail.

This policy and procedure applies to all NCDOT employees, contractors, or any others who may have access to NCDOT computing systems. Computing systems include, but are not limited to host computers, file servers, workstations, stand-alone computers, laptops, and internal and external communication networks.

II. Policy

The use of the computer to access the Internet is a privilege, not a right. NCDOT encourages the use of the Internet and E-mail by its employees in the performance of their duties and will strive to make these available to them for the performance of their duties. Inappropriate usage, including any violation of the conditions and rules stated below, will result in cancellation of this privilege. NCDOT will determine the appropriate use and may restrict access and/or deny, revoke or suspend an employee's use of the Internet and/or E-mail at any time based upon a determination that acceptable usage has been violated. Employees are expected to use these resources responsibly and professionally and will make no intentional use of these resources in an illegal, malicious or obscene manner (or in any way, which serves to promote a negative image of NCDOT) or is inconsistent with NCDOT objectives. Privacy is not guaranteed with the use of a password any may be overridden by the agency.

III. Provisions Governing Internet and E-mail Usage

A. Appropriate Use of the Internet and E-mail

While on the job or while using a state-owned or state provided computing systems, all users are expected to use the Internet and E-mail responsibly and professionally. The unit head (i.e., Division Engineer, Resident Engineer, Unit Manager, etc.) will ensure that all users are informed of the administrative procedure for the use of the E-mail, Internet and other communication tools. Any user identified as a security risk will be denied access to the Internet and E-mail.

Acceptable usage of computing systems is defined by the following rules:

1. The use of all telecommunication and computer systems and resources must be in support of NCDOT activity and consistent with NCDOT objectives. Accessing other state agencies' web pages (i.e., OSP, Retirement, etc.) is allowable.
2. All computing systems and resources (including, but not limited to the Internet, E-mail, etc.) and all communication and information transmitted by, received from, or stored in NCDOT computer systems are property of NCDOT. These communications are to be used for job-related purposes.
3. Transmission of any material in violation of any state or federal law is prohibited. This includes, but is not limited to, threatening or obscene material.
4. Usage of any computing system or resource for commercial activities, private business, or for product advertisement is prohibited.
5. Usage of any computing system or resource for political lobbying is prohibited.
6. Usage of any computing system or resource to create, process or disseminate information such as "hate" mail, harassing or discriminatory remarks, pornography and/or other inappropriate information is prohibited.

Special Provisions for Internet Usage

1. Accuracy of Disseminated Information

All employees have a responsibility to make sure that all public information disseminated via the Internet is accurate.

2. Monitoring Usage of the Internet

The unit head may monitor the employee's use of the Internet and may also request an independent reviewer (i.e., IST) to monitor the unit's use of the Internet.

C. Special Provisions for E-mail Usage

1. All E-mail accounts shall be used only by the authorized user.
2. Employees are cautioned that E-mail messages may be misinterpreted as a more formal communication than the sender intended and that care should be taken in their intent and composition. Employees should follow the same standards as used with other forms of correspondences. All E-mail messages and responses will follow accepted E-mail etiquette, including being courteous and using appropriate language.
3. E-mail transmissions with the NCDOT system shall not be considered confidential and may be monitored at any time by request of the unit head/supervisor or by a designated NCDOT staff (i.e., IST, Management Assessment).
4. Consistent with North Carolina General Statutes Chapter 132-1, the contents of E-mail messages "made or received pursuant to law or ordinance in connection with the transaction of public business" are a public record and are subject to inspection unless specifically exempted by statute or judicial interpretation. Creators or recipients of E-mail messages may be required to allow such inspection of messages in their custody. Furthermore, the department will treat information such as E-mail system usage or message destinations as a public record subject to inspection.
5. All files downloaded from an external source must be scanned for viruses. This includes files obtained as E-mail attachments and by any other file transfer mechanism. It is the responsibility of all employees to prevent the introduction or propagation of viruses. Should an incoming E-mail appear suspicious or if the sender is not recognized, do not open it. Delete the E-mail without opening.
6. The unit head may monitor the employee's use of E-mail and may request an independent reviewer (i.e., IST) to monitor the unit's use of E-mail.

IV. Violations of Policy and Discipline for Inappropriate Use

The rules in the *Provisions Governing Internet and E-mail Usage* do not constitute an exhaustive list. Violations may result in removal of access to the Internet or E-mail and to other shared computing systems or resources. In addition, violations may result in disciplinary action up to and including dismissal. Violations, which constitute a criminal offense, will lead to dismissal.

V. Administrative Requirement for the Use of NCDOT's Technology

All permanent and temporary employees, including contractors, who use the NCDOT's Internet access and E-mail systems must read and sign this document.

I have read and do understand this NCDOT policy on the Internet and E-mail Usage. I also understand that if I violate this policy it may be grounds for disciplinary action against me up to and including dismissal.

User's Signature

Date

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION

OVERTIME COMPENSATION AGREEMENT FOR FIELD EMPLOYEES
(EXCEPTION TO THE WAGE & HOUR LAW)

It has been explained to me, and I understand that it is the policy of the State of North Carolina to give overtime compensation in the form of compensatory time off, rather than in monetary compensation, wherever possible. It has been explained to me, and I understand that the decision to give either compensatory time off or monetary compensation is a decision to be made by management, and is not my choice. I understand that acceptance of these policies is a pre-condition of my employment with the North Carolina Department of Transportation.

Employee Signature

Date

WHR/2001

SECONDARY EMPLOYMENT

Updated 10/25/07

Purpose

The employment responsibilities to the State are primary for any employee working full-time; any other employment in which that person chooses to engage is secondary. An employee shall have approval from the agency before engaging in any secondary employment. The purpose of this approval procedure is to determine that the secondary employment does not have an adverse effect on the primary employment and does not create a conflict of interest. (i.e., a conflict between the private interests and the official responsibilities of the employee) These provisions for secondary employment apply only to non-State sources of income and do not include a second job or assignment paid from State funds; those conditions are covered by the policy on Dual Employment.

Secondary employment shall not be permitted when it:

- Creates either an actual or perceived conflict of interest, or the potential for a conflict of interest, with the primary employment.
- Impairs in any way the employee's ability to perform all expected duties, to make decisions, and carry out in an objective fashion the responsibilities of the employee's position.
- Involves the use of State equipment, facilities, resources, technology or work hours.

Submission of Request

An employee shall submit a completed Request for Secondary Employment form for Branch/Unit/Division/Section Head approval prior to engaging in secondary employment. The completed secondary employment request form shall include the following:

A. Contents of Request

1. A description of the nature of the work or activity.
2. A description of the employer's business and name of the business, or if self-employed, the nature of the employee's business. If a co-owner of a business, the name of the co-owner(s) and whether the co-owner(s) is a current state employee or does business with the State and of what state agency or university.
3. If self-employed, the names and addresses of proposed clientele, unless such disclosure would violate a statutory client privilege or a professional code of ethics. In cases where client

confidentiality is necessary, the employee shall provide non-identifying client information sufficient to enable management to determine whether there would be a conflict with the primary employment.

4. The expected schedule and number of hours worked per week and the anticipated duration of the employment.
5. Other relevant information deemed necessary by agency management to render a fair and informed decision on the request.

The request shall be submitted through supervisory channels for review and action by the Branch/Unit/Division/Section head.

B. Approval/Disapproval

The decision to approve or disapprove the request shall be given to the employee in writing within 15 calendar days of receipt of the secondary employment request.

Approval

An approved request shall specify any conditions or approved requirements associated with the approval. In the case of self-employment activity, the employee is required to give advance notice of and secure approval for work for individual clients if there is potential for conflict of interest. The Branch/unit/Division/Section head is responsible for reviewing the approved secondary employment form upon promotion, transfer, or changes in the employee's classification. An employee is responsible for immediately notifying his/her supervisor of any changes in secondary employment activities.

Disapproval

Disapproval or discontinuation of secondary employment by a Branch/Unit/Division/Section head shall include the specific reason(s) for the disapproval or discontinuation. The Branch/Unit/Division/Section head's decision shall be final. Denial or discontinuation of secondary employment is not grievable under the department's employee grievance policy.

C. Questions

The Branch/Unit/Division/Section heads are responsible for ensuring compliance with this directive. Questions about whether an employee's secondary employment has potential for conflict of interest shall be forwarded in writing to the Human Resources Director for consideration.

The Branch/Unit/Division/Section head shall prepare a written statement of concern which shall include the respective employee's attached secondary employment request form. The Human Resources Director

shall seek the review of the State Personnel Director when a secondary employment request has potential for conflict of interest.

Violations/Noncompliance

Failure to comply with the Secondary Employment policy or abuse of this privilege constitutes a violation of the Secondary Employment request. The approval of this privilege may be revoked. In addition, a violation of this policy shall be considered unacceptable personal conduct as outlined in the Disciplinary Action, Suspension and Dismissal Policy and may be grounds for disciplinary action, up to and including dismissal.

Employee's Responsibility

It is the employee's responsibility to complete a secondary employment form for all employment that is paid from non-State sources of income, to update the form as changes occur (e.g., new position, new employer, discontinuation of employment, etc.).

The Human Resources Office will not receive a copy of the approval. Forms are to be maintained in the Division/Section except for those identified in the section titled Submission of Request.

Note: The secondary employment form may be printed from the DOT web page.

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION SECONDARY EMPLOYMENT POLICY DECLARATION

This form is to be completed by all employees of NCDOT. However, new hires and State employee transfers should complete this form during orientation or on the effective date of transfer.

1. Have you read the attached Secondary Employment Policy?

_____ Yes _____ No

2. Are you presently in compliance with this Policy?

_____ Yes _____ No _____ Unsure

If you answered 'no' or 'unsure,' please provide an explanation.

3. Are you presently engaged in secondary employment?

_____ Yes _____ No

If you answered 'yes,' please provide an explanation.

I, _____, affirm that I will abide by the principles of the Secondary Employment Policy.

Date

Signature

**NC DEPARTMENT OF TRANSPORTATION
REQUEST FOR SECONDARY EMPLOYMENT**

EMPLOYEE INFORMATION

Employee Name (Last, First, MI)		Title
Division	Work Unit	Contact Number

DETAILS OF PROPOSED SECONDARY EMPLOYMENT

Employer Name and Address		Telephone Number
Location of Employment	Proposed Start Date	Proposed Schedule and # of scheduled hours per week
Nature of Work		

Does the Department of Transportation have any connection with the proposed secondary employment?
Yes ☐ No ☐ *If yes, please provide details.*

Does a State board or agency license regulate the proposed employer?
Yes ☐ No ☐ *If yes, please provide details.*

Is there an actual or perceived conflict of interest, or potential for conflict of interest, with your present employment with the Department of Transportation and this secondary employment?
Yes ☐ No ☐ *If yes, please provide details.*

Do you have a financial interest in the business?
Yes ☐ No ☐

If self-employed, please provide names and addresses of proposed clientele on an attached sheet.

If necessary, attach additional pages to more fully answer these questions. Also, you should be familiar with policies of the Department and your employing division regarding secondary employment.

Employee Signature _____	Date _____
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As immediate supervisor, I do ☐/do not ☐ recommend the approval of this request.

Supervisor's Signature _____	Date _____
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As Branch/Unit/Division/Section Head, I do ☐/do not ☐ recommend the approval of this request.

Branch/Unit/Division/Section Head Signature _____	Date _____
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As State Personnel Director, I do ☐/do not ☐ recommend the approval of this request.

State Personnel Director's Signature (if required) _____	Date _____
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STATE OF NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION

MICHAEL F. EASLEY
GOVERNOR

1501 MAIL SERVICE CENTER, RALEIGH, N.C. 27699-1501

LYNDO TIPPETT
SECRETARY

February 9, 2001

MEMORANDUM TO: ALL NCDOT EMPLOYEES
FROM: Lyndo Tippet
SUBJECT: Use of Safety Belts

As you are aware, the Department of Transportation plays an important role in keeping the traveling public safe on our roadways. This is a responsibility that is shared by every DOT employee and includes setting a good example for others.

You are reminded that it is not only the policy of DOT, but also the law to use safety belts. The Department has made great strides with programs such as "Click It or Ticket" in helping motorists stay safe. The same applies to DOT employees. I expect you to wear your safety belts at all times while you are operating or are a passenger in a state vehicle. Your life may depend on it.

I encourage all managers and supervisors to emphasize to employees that the failure to use safety belts is now considered a conduct issue and to take appropriate action to ensure that safety belts are used consistently in DOT. Future violations of this safety rule could result in disciplinary action up to and including dismissal.

Let's all keep safety foremost in our minds at all times.

LT:rh

NCDOT
Acknowledgment of Receipt
Controlled Substances Abuse & Alcohol Misuse
Standard Policy & Procedure

NOTICE:
THIS IS AN IMPORTANT DOCUMENT. DO NOT DISCARD!
THIS FORM MUST BE COMPLETED AND RETURNED TO YOUR SUPERVISOR

EMPLOYEE INFORMATION: (Please print)

Name (First M.I. Last)

Social Security Number

Job Classification:

Supervisor's Name:

Division/Unit

County Assigned:

I have been provided with a copy of the NCDOT Policy and Procedures on Controlled Substances Abuse and Alcohol Misuse.

I have read and understand the types of testing that I am subject to as well as the consequences of testing positive for either controlled substances or alcohol.

Signature (please use black or blue ink)

Date

Instructions:

1. Supervisors provide a copy of the Department Policy on Controlled Substances Abuse and Alcohol Misuse to each employee.
2. Supervisors will assist employees with any questions.
3. Employees are to sign this form and return it to their supervisor within 5 working days.
4. Supervisors will collect all signed acknowledgment forms and forward them to the Division/Unit Head or their designee.
5. Division/Unit Heads will maintain a copy at the Division/Unit level.

SMOKING POLICY

PURPOSE

The purpose of this policy is to provide smokers and non-smokers equal protection within the North Carolina Department of Transportation (NCDOT).

This policy has been established to comply with Article 64 of Chapter 143 of the NC General Statutes: "Smoking in Public Places."

POLICY

It is the policy of the NCDOT to provide equal rights to all employees with regard to smoking in the workplace. NCDOT will establish provisions for smokers and non-smokers to ensure all employees' rights are recognized. The decision to designate smoking and non-smoking areas is a management decision and is not grievable under the Department's grievance procedures.

Smoking will be strictly prohibited within NCDOT owned or leased buildings and vehicles statewide. Smoking means the use of a lighted cigarette, lighted cigar, lighted pipe, or any other lighted tobacco product.

Designated smoking areas will be established outside that are reasonably accessible to all employees. Such areas will have signs clearly posted to designate the smoking area.

Each Division Director is to ensure that all employees are aware of this policy. Each Division Director of a facility shall have signs made and posted to create visible awareness of the building's smoking areas.

Each Division Director, Manager and Supervisor will have enforcement responsibility within their workforce. Any violations of this policy will follow normal disciplinary procedures as they relate to personal conduct.

Revised 10/10/06



STATE OF NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION

MICHAEL F. EASLEY
GOVERNOR

LYNDO TIPPETT
SECRETARY

March 1, 2001

North Carolina Department of Transportation Workplace Violence Policy Statement

It is the intent of the North Carolina Department of Transportation to provide a workplace for employees that is free from violence by establishing preventive measures, holding perpetrators of violence accountable and by providing assistance and support to victims. It is with this commitment in mind that this policy is developed and will be enforced.

The North Carolina Department of Transportation will not tolerate violent behavior or the threat of violent behavior directed at clients, customers, co-workers, staff, supervisors, managers or any other person at the worksite or in any state-owned/rented vehicle. Neither will such behavior be tolerated against the worksite or any state-owned/rented property. Such behavior will result in corrective and/or disciplinary action and potentially, criminal charges.

Workplace Violence includes, but is not limited to, intimidation, threats, physical attack, and domestic violence or property damage.

Possession of a weapon of any type at the worksite or in a state-owned/rented vehicle is strictly prohibited. This includes possession in a privately owned vehicle driven onto state-owned/rented property. Any violation of this policy will result in corrective action and/or disciplinary action and potentially, criminal charges.

All employees, including managers and supervisors, shall report any acts of violence, threatening behaviors, or other violations of this policy immediately to (a) immediate supervisor, or (b) next level of management if supervisor is the alleged perpetrator, or (c) Human Resources Representative. Each report will be promptly investigated.

I understand that violations of the Workplace Violence Policy are considered unacceptable personal conduct and will result in disciplinary action up to and including dismissal.

Secretary of the
Department of Transportation

Employee Information:

NAME

SOCIAL SECURITY NUMBER

JOB CLASSIFICATION

DIVISION/UNIT

I have read the above statement and understand that, as an employee of the North Carolina Department of Transportation, I am subject to the Workplace Violence Policy.

Signature

Date

January 1, 2008

EQUAL EMPLOYMENT OPPORTUNITY POLICY STATEMENT

In compliance with the EEO Policy of the State of North Carolina, it is the policy of the Department of Transportation to afford equal employment opportunities for all persons regardless of race, color, national origin, creed, religion, sex, sexual orientation, age, disabling condition or political affiliation, except where sex, age, or physical requirements are bona fide job related employment requirements. This includes, but is not limited to the following:

1. Recruitment and selection of new employees of the State,
2. Selection of employees for promotion, training, career development, transfer, demotion for fiscal purposes, and/or reduction in force.
3. Administration of disciplinary policies and grievance procedures or termination for cause, and
4. Establishment of rates of pay including the awarding of salary adjustments and/or annual salary increases.

It is further the policy of the Department of Transportation to assure complete compliance with all provisions of Title VII of the Civil Rights Act of 1964 as amended, Executive Order 11246, as amended, the Law Enforcement Act of 1971, the Rehabilitation Act of 1973, the Civil Rights Restoration Act of 1988, the Americans with Disabilities Act of 1990, the Civil Rights Act of 1991, N.C.G.S. Section 12616 as amended, and other applicable federal and State laws. However, grievances concerning discrimination based upon sexual orientation may only be processed by the Department's internal unlawful workplace harassment grievance procedures.

Equal employment opportunity as to age applies only to persons who are age 40 or over. The Department forbids employment discrimination on the basis of age for these persons.

The Department of Transportation prohibits harassment, (based on race, national origin, religion, creed, sex, sexual orientation, age, color or disabling condition) and/or retaliatory action of any kind taken by any employee of the Department of Transportation against any other employee or applicant for employment because that person made a charge, testified, assisted or participated in any manner in a hearing, proceeding or investigation of employment discrimination.

The Department of Transportation's commitment to equal career opportunity requires responsibility and accountability at every supervisory level to assure that personnel policies and practices will guarantee equal opportunities for all qualified individuals within the Department.

Equal employment opportunity for disabled persons includes the making of a reasonable accommodation to the known physical limitations of a qualified disabled applicant or employee who would be able to perform the essential duties of the job if such accommodation is made. The Department is committed to make such adjustments for the known limitations of otherwise qualified disabled applicants and employees, unless it can be demonstrated that a particular adjustment or alteration would impose an undue hardship on the operation of the agency.

The Equal Employment Opportunity program will be evaluated and monitored continuously. Periodic reports on the progress of this program will be presented to the Secretary of the Department of Transportation by the Human Resources Director.


Secretary of the Department of Transportation

Questions or comments concerning this policy should be referred to:

Human Resources Director
NC Department of Transportation
1517 Mail Service Center
Raleigh, North Carolina 27699-1517

NORTH CAROLINA
DEPARTMENT OF
TRANSPORTATION

EEO Contacts At a Glance

● Grievances may be filed with:
NCDOT Human Resources Director
1 S. Wilmington Street
Transportation Building
1517 Mail Service Center
Raleigh, NC 27699-1517

● Petitions for contested case hearings
may be filed with:
Office of Administrative Hearings
6714 Mail Service Center
Raleigh, NC 27699-6714

● A copy of the petition must also be served
on NCDOT to:
Process Agent
1 S. Wilmington Street
Transportation Building
1501 Mail Service Center
Raleigh, NC 27699-1501

● Procedural questions may be addressed to:
NCDOT EEO/Affirmative Action Manager
Philip Bickham
1517 Mail Service Center
1 S. Wilmington Street
Raleigh, NC 27699-1517
or call (919) 733-9260 ext. 213

NCDOT EEO/Affirmative Action Specialists
George Nixon or Gina Dean
1517 Mail Service Center
1 S. Wilmington Street
Raleigh, NC 27699-1517
or call (919) 733-2984

Michael F. Easley
Governor

Lyndo Tippet
Secretary of Transportation



NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION

EEO/Affirmative Action Manager
1517 Mail Service Center
1 S. Wilmington Street
Transportation Building, Suite 362
Raleigh, NC 27699-1517
(919) 733-9260 ext. 213

NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION



YOUR GUIDE TO **EQUAL EMPLOYMENT OPPORTUNITY**

AND TITLE VII OF THE CIVIL RIGHTS
ACT OF 1964, AS AMENDED





EQUAL EMPLOYMENT OPPORTUNITY POLICY STATEMENT

In accordance with the Equal Employment Opportunity Policy of the State of North Carolina, it is the policy of the N.C. Department of Transportation (NCDOT) to afford equal employment opportunities to all persons regardless of race, color, national origin, creed, religion, gender, disability, political affiliation or sexual orientation except where gender, age or physical requirements are legitimate job-related employment requirements. This includes, but is not limited to, the following:

1. Recruitment, including advertising or solicitation for employment;
2. Selection, hiring, upgrading, transfer, promotion, demotion, termination and/or reduction in force;
3. Treatment during employment, including disciplinary and grievance procedures;
4. Evaluation of work performance;
5. Rates of pay or other forms of compensation; and
6. Selection for training, including trainee, intern and apprentice.

NCDOT also prohibits harassment based on race, color, national origin, creed, religion, gender, age, disability, sexual orientation and/or retaliatory action of any kind taken by any employee of NCDOT against any other employee or applicant for employment because that person filed a charge, testified, assisted or participated in any manner in a hearing, proceeding or investigation of employment discrimination.

What is Title VII of the Civil Rights Act of 1964?

Title VII of the Civil Rights Act of 1964, as amended, is a federal law and it covers all public and private sector employers employing at least 15 employees. Title VII prohibits discrimination in employment on the basis of race, color, national origin, gender or religion. It has been supplemented with legislation prohibiting pregnancy, age and disability discrimination. The Act also prohibits retaliation in the form of adverse action taken against an individual or group because of opposition of discriminatory practices, participation or assistance, in any way, in a charge, investigation or proceeding involving discrimination. The Equal Employment Opportunity Commission (EEOC) is the federal agency in charge of enforcing Title VII.

What is the definition of discrimination?

Discrimination under Title VII of the Civil Rights Act of 1964 is the intentional or unintentional act of treating individuals or a group of persons differently or unfairly solely on the basis of race, color, national origin, creed, religion, gender, age or disabling condition.

Who may file a grievance, petition and/or complaint alleging discrimination and/or retaliation?

A grievance, petition and/or complaint may be filed by a current or former employee, as well as an applicant who believes he/she has been discriminated or retaliated against due to race, color, national origin, creed, religion, gender, age or disability.

How do you file a grievance, petition and/or complaint alleging discrimination?

A grievance, petition and/or complaint may be filed in the following ways:

1. A grievance may be filed in accordance with NCDOT's internal grievance procedure. The grievance must be filed within 15 calendar days from the act of discrimination. The grievant must submit the grievance in writing to:

NCDOT Human Resources Director
1 S. Wilmington Street
Transportation Building
1517 Mail Service Center
Raleigh, NC 27699-1517

2. A petition for a contested case hearing may be filed directly with the Office of Administrative Hearings (OAH), pursuant to G.S. 150-23.

Office of Administrative Hearings
6714 Mail Service Center
Raleigh, NC 27699-6714

The petitioner alleging illegal discrimination and/or retaliation has the right to bypass NCDOT's internal grievance procedure and file directly with OAH within 30 calendar days after the date of the act of discrimination. The petitioner must also serve NCDOT's Process Agent a copy of the petition by personal delivery or by certified or registered mail, return receipt requested to:

NCDOT Process Agent
1 S. Wilmington Street
Transportation Building
1501 Mail Service Center
Raleigh, NC 27699-1501

3. A complaint may be filed with the Equal Employment Opportunity Commission (EEOC), under Title VII or the Civil Rights Division of the Office of Administrative Hearings within 180 days of the alleged discriminatory or retaliatory action.

If you have procedural questions regarding the filing of a grievance, petition and/or complaint, or you would like additional information regarding NCDOT's Equal Employment Opportunity Policy, you should contact:

NCDOT EEO/Affirmative Action Manager
Philip Bickham
1517 Mail Service Center
1 S. Wilmington Street
Transportation Building, Suite 362
Raleigh, NC 27699-1517
or call (919) 733-9260 ext. 213

NCDOT EEO/AA Specialists
George Nixon or Gina Dean
1517 Mail Service Center
1 S. Wilmington Street
Transportation Building, Suite 360
Raleigh, NC 27699-1517
or call (919) 733-2984



STATE OF NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION

MICHAEL F. EASLEY
GOVERNOR

1501 MAIL SERVICE CENTER RALEIGH, N.C. 27699-
1501

W. LYNDY TIPPETT
SECRETARY

January 1, 2008

UNLAWFUL WORKPLACE HARASSMENT POLICY

The policy of the Department of Transportation is that no state employee may engage in speech or conduct that is defined as unlawful workplace harassment as indicated below. All current or former state employees are guaranteed the right to work in an environment free from unlawful harassment and retaliation.

DEFINITION:

The State defines unlawful workplace harassment as unwelcomed or unsolicited speech or conduct based upon race, sex, sexual orientation, creed, religion, national origin, age, color, or disabling condition as defined by GS.168 A-3 that creates a hostile work environment or circumstances involving quid pro quo.

PROCEDURE:

Any former employee, full-time or part-time employee with either a permanent, probationary, trainee, time-limited permanent or temporary appointment who feels that he/she has been unlawfully harassed in the workplace must do the following:

- (1). Submit a written complaint to the Human Resources Director within 30 calendar days of the alleged harassing action.
- (2). Agency must respond with appropriate remedial action in writing within 60 calendar days from receipt of written complaint. If not satisfied with the Human Resources Director's decision, or if the Director doesn't render a decision within 60 calendar days from date complaint is received, the complainant may appeal directly to the Office of Administrative Hearings and the State Personnel Commission within 30 calendar days.

If a final written decision is provided to the complaint prior to the 60 day expiration period as allowed by State's Unlawful Workplace Harassment Prevention Policy and Rules, the Department of Transportation (DOT) waives its right to make another of different determination. A notice of Final Agency Decision and Waiver and an Acknowledgement of Waiver will be completed in order to facilitate the process.

Note: An individual with a grievance concerning a denial of employment, promotion, training, or transfer, or concerning a demotion, layoff, transfer or termination due to discrimination based on age, sex, race, color, national origin, religion, creed, political affiliation or disabling condition as defined by G.S. 168A-3, or a grievance based on retaliation for opposition to alleged discrimination may still appeal directly to the Office of Administrative Hearings and the State Personnel Commission.

Note: Complainants may file a simultaneous complaint under Title VII with the Equal Employment Opportunity Commission (EEOC).

Note: Applicants, while not covered under the State statute (SB78), are covered under other State and Federal Civil Rights Acts.

A prompt and impartial investigation will be made of all cases alleging unlawful workplace harassment based on presented facts surrounding the misconduct. Any interference, coercion, restraint or reprisal of any person complaining of unlawful workplace harassment is prohibited.

Secretary of the Department of Transportation

Questions or comments concerning this policy should be referred to:

Human Resources Director
NC Department of Transportation
1517 Mail Service Center
Raleigh, North Carolina 27699-1517

Employee Name _____



EMPLOYEE ORIENTATION

Information and Policy Packet

Sign and Return

NCDOT

OUR MISSION

***Connecting people and places
in North Carolina – safely and
efficiently, with accountability
and environmental sensitivity***

OUR GOALS

- **Make our transportation network safer**
- **Make our transportation network move people and goods more efficiently**
- **Make our infrastructure last longer**
- **Make our organization a place that works well**
- **Make our organization a great place to work**



NCDOT

OUR VALUES

- **SAFETY** - We strive for safety throughout our transportation networks as well as in our work and our daily lives.
- **CUSTOMER SERVICE** - We respond to our customers, both internal and external, in an open, professional and timely manner.
- **INTEGRITY** - We earn and maintain trust by responsibly managing the state's assets, acting ethically, and holding ourselves accountable for our actions.
- **DIVERSITY** - We draw strength from our differences and work together in a spirit of teamwork and mutual respect.
- **QUALITY** - We pursue excellence in delivering our projects, programs, services and initiatives.





STATE OF NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION

MICHAEL F. EASLEY
GOVERNOR

W. LYNDO TIPPETT
SECRETARY

December 3, 2007

Memorandum To: All DOT Employees

From: Angela Faulk, Interim Human Resources Director

Subject: North Carolina Identity Management Service (NCID)
Instructions for all DOT Employees Reminder

This is a reminder that effective December 15, 2007, the BEACON system will replace our present Human Resources and Payroll systems for better efficiency and accuracy in our day-to-day operation of the Department. Attached are instructions on the process to activate an NCID for the new BEACON Human Resources/Payroll system. It is not mandatory for you to register for NCID; however, if you have an NCID, you will have access to your personal information. If you do not sign up for your NCID, you will not be able to view your January 11th pay stub and your Human Resources Representative or Best Shared Services must assist you in viewing your personal information.

To obtain access into the BEACON system, you must have an NCID. In order to register for NCID, you must have an e-mail account. If you have a DOT e-mail account, please register for NCID using this account. You will receive an e-mail from the DOT help desk asking you to verify registration by answering yes or no and at that time the DOT help desk will activate your NCID account. If you do not have a DOT e-mail account, you may register from your home computer, public library, etc. After registering, you will receive an e-mail from the DOT help desk instructing you to contact your Human Resources technician within your Division/Unit. The Human Resources technician will contact the DOT help desk to verify your identity and your NCID account will be activated.

After obtaining your NCID, you will have the capability to view and change some of your personal information on-line through Employee Self Service (ESS). For example, print pay stubs, view health and retirement benefits and update name and address changes.

Managers will also have the capability through Manager Self Service (MSS) to access reports, view Division/Unit organizational charts and monitor leave balances. These features, along with others, will be available on January 2, 2008. The training for ESS & MSS will be web based and instructions will follow at a later date.

December 3, 2007

Page 2

The Department is committed to ensuring all employees are knowledgeable about the upcoming BEACON Human Resources/Payroll system. Additional information will be forthcoming to support our efforts in maintaining close contact with all employees. Should you have questions about acquiring your NCID, please call the Customer Support Center at 1-800-722-3946 or 919-754-6000. Should you have other questions, please call Kathi Johnson or Penny Young at 919-733-5846.

AMF:kj

Attachment



NORTH CAROLINA

a better place...

North Carolina Identity Management Service (NCID)

Create an NCID

Use this procedure to create an NCID.

1. Using Internet Explorer, enter https://ncid.nc.gov/login/login.html?MSG=CRED5_CLEARED in the Address bar, then press **Enter**.
2. The **North Carolina Identity Management (NCID) Login** screen displays.
3. Click **First Time NCID User**. The **Registration** screen displays.
4. Select the **State Government Employee** radio button.
5. Click **Continue**.
6. The **Self Registration – State Employee User Type and Country Selection** screen displays.
7. Select **Full Time**, **Part Time**, or **Contractor** from the **State Employee Type** drop down menu according to your current employment status.
8. Ensure **United States** is selected in the **Country** drop down menu.
9. Click **Next (Personal Info) >>**. The **Self Registration – State Employee Personal Information** screen displays.
10. Enter your name, work email, work address, business phone with area code, and date of birth in the appropriate fields.
Note: The red asterisk beside each of these fields means they are required. Fields not marked with a red asterisk are not required, but you may enter information, if desired.
11. Enter *Department of Transportation* in the field next to **Member of Organizations**, then click **Start Search**.
12. Click **Select** next to **Department of Transportation** from the list of results that displays. A search results screen displays with all of the units for the Department of Transportation
Note: This list may take a few minutes to display.
13. Click **Select** next to your work unit from the list of units that display.

NCID Password Rules	
Minimum Length of Eight Characters Your password must be at least eight characters long and no more than 35.	14. Click Next (Password Info) >> . The Self Registration – State Employee Password Information screen displays
Minimum of one special character Special characters may be used anywhere in your password and may be repeated. The following special characters ARE allowed: ~ ! @ # \$ % ^ & *) (_ - + = : ; > < , . ? } { The following characters are NOT allowed: <ul style="list-style-type: none"> • forward slash (/) • backward slash (\) • doublequote (") • singlequote (') • reverse singlequote (`) • space 	15. Enter your password in the field provided. Note: See the NCID Password Rules to the left.
Three Days Between Password Changes There must be at least three days between password change requests. Once you complete a password change, you must wait at least three days before trying to change your password again.	16. Enter your password again in the field provided. Note: If you receive an error message, verify that you have followed the rules at the left and typed the same password in both fields.
Cannot Reuse a Password You cannot reuse a password that you have used in the NCID system at any time in the past. Once a password has been entered in the system, it is kept in a history file and can never be reused.	17. Select five questions from the drop down menus provided.
Password Issue Checks Be sure your password is at least the required number of characters long. Be sure you have not used this password in the NCID system in the past. Be sure to have at least one special character. Do not try to change your password until three days have passed from the last password change.	18. Enter your answers to each question in the fields provided. Note: You should use the Print Screen option on your keyboard to save a copy of the secret questions and answers that you provided. Press Print Screen (your key could be labeled Print Scn or PrtScn) located in the upper right corner of the keyboard to copy the screen. Open a new document in Microsoft Word, then press Ctrl and V to paste the screenshot into the document. Save the document.
If You Need Help	19. Click Next (Review Corrected Data) >> . The Review Collected Data screen displays.
Call the Customer Support Center at 800-722-3946 or 919-754-6000.	20. Make any necessary changes to your information. Note: If you make any changes, you should perform another Print Screen function. 21. Click Submit Registration . The Self Registration – State Employee User Registration Confirmation screen displays. 22. You should use the Print Screen option on your keyboard to save a copy of your user ID. Press Print Screen (your key could be labeled Print Scn or PrtScn) located in the upper right corner of the keyboard to copy the screen. Open a new document in Microsoft Word, then press Ctrl and V to paste the screenshot into the document. Save the document. 23. A message will be sent to the email that you entered when your user id is activated.

Form I-9, Employment Eligibility Verification

Instructions

Please read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination.

What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and non-citizen) hired after November 6, 1986 is authorized to work in the United States.

When Should the Form I-9 Be Used?

All employees, citizens and noncitizens, hired after November 6, 1986 and working in the United States must complete a Form I-9.

Filling Out the Form I-9

Section 1, Employee: This part of the form must be completed at the time of hire, which is the actual beginning of employment. Providing the Social Security number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Preparer/Translator Certification. The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his/her own. However, the employee must still sign **Section 1** personally.

Section 2, Employer: For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required

document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, **Section 2** must be completed at the time employment begins. **Employers must record:**

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the Form I-9. **However, employers are still responsible for completing and retaining the Form I-9.**

Section 3, Updating and Reverification: Employers must complete **Section 3** when updating and/or reverifying the Form I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in **Section 1**. Employers **CANNOT** specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired **or** if a current employee's work authorization is about to expire (reverification), complete Block B and:

1. Examine any document that reflects that the employee is authorized to work in the U.S. (see List A **or** C);
2. Record the document title, document number and expiration date (if any) in Block C, and
3. Complete the signature block.

What Is the Filing Fee?

There is no associated filing fee for completing the Form I-9. This form is not filed with USCIS or any government agency. The Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

USCIS Forms and Information

To order USCIS forms, call our toll-free number at **1-800-870-3676**. Individuals can also get USCIS forms and information on immigration laws, regulations and procedures by telephoning our National Customer Service Center at **1-800-375-5283** or visiting our internet website at **www.uscis.gov**.

Photocopying and Retaining the Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Forms I-9 for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

The Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR § 274a.2.

Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of U.S. Immigration and Customs Enforcement, Department of Labor and Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Paperwork Reduction Act

We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: **1)** learning about this form, and completing the form, 9 minutes; **2)** assembling and filing (recordkeeping) the form, 3 minutes, for an average of 12 minutes per response. If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529. OMB No. 1615-0047.

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last		First	Middle Initial	Maiden Name
Address (Street Name and Number)			Apt. #	Date of Birth (month/day/year)
City		State	Zip Code	Social Security #
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.		I attest, under penalty of perjury, that I am (check one of the following): <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A lawful permanent resident (Alien #) A _____ <input type="checkbox"/> An alien authorized to work until _____ (Alien # or Admission #) _____		

Employee's Signature	Date (month/day/year)
----------------------	-----------------------

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature

Print Name

Address (Street Name and Number, City, State, Zip Code)

Date (month/day/year)

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
-----------------------------	--

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title: _____ Document #: _____ Expiration Date (if any): _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
--	-----------------------

LISTS OF ACCEPTABLE DOCUMENTS

LIST A Documents that Establish Both Identity and Employment Eligibility	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Eligibility
OR	AND	
1. U.S. Passport (unexpired or expired)	1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address	1. U.S. Social Security card issued by the Social Security Administration <i>(other than a card stating it is not valid for employment)</i>
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address	2. Certification of Birth Abroad issued by the Department of State <i>(Form FS-545 or Form DS-1350)</i>
3. An unexpired foreign passport with a temporary I-551 stamp	3. School ID card with a photograph	3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. An unexpired Employment Authorization Document that contains a photograph (Form I-766, I-688, I-688A, I-688B)	4. Voter's registration card	4. Native American tribal document
	5. U.S. Military card or draft record	5. U.S. Citizen ID Card <i>(Form I-197)</i>
5. An unexpired foreign passport with an unexpired Arrival-Departure Record, Form I-94, bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, if that status authorizes the alien to work for the employer	6. Military dependent's ID card	6. ID Card for use of Resident Citizen in the United States <i>(Form I-179)</i>
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	7. Unexpired employment authorization document issued by DHS <i>(other than those listed under List A)</i>
	9. Driver's license issued by a Canadian government authority	
	For persons under age 18 who are unable to present a document listed above:	
	10. School record or report card	
	11. Clinic, doctor or hospital record	
	12. Day-care or nursery school record	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

FOREIGN NATIONAL INFORMATION FORM

Date we must terminate or renew: _____

All questions below must be answered, if applicable. Please attach a copy of your I-94 Form, copy of your US Visa from your passport, and Visa documentation. This form will be used to determine your tax status for wages paid by the NC Department of Transportation.

(1) Last or Family Name _____

First Name _____ Middle _____

(2) Social Security # _____ Personnel # _____

(3) Date of Birth _____ Date of Hire _____

(4) USA ADDRESS:

Street _____ Apt _____

City _____ ,NC Zip Code _____

Home Phone _____ Day Phone _____

E-mail Address _____

(5) FOREIGN ADDRESS:

Address Line 1 _____

Address Line 2 _____

City _____ Postal Code _____

Providence/Region _____ Country _____

(6) Country of Citizenship _____

(7) What Country issued your Passport? _____

(8) Passport # _____ Expiration Date _____

(9) Have you been to the United States prior to this visit? _____ yes _____ no

If yes, please fill in your visa immigration activity for the last 5 years in the table on page 2.

(10) IMMIGRATION STATUS:

_____ U.S. Immigrant/Permanent Resident

_____ F-1 Student

_____ H-1 Temporary Employee

_____ J-1 Exchange Visitor

_____ J-2 Spouse or Child of Exchange Visitor

_____ Other _____

(11) What is the actual primary activity of this visit? Check one:

_____ Studying in a Degree Program

_____ Studying in a Non-Degree Program

_____ Teaching

_____ Lecturing

_____ Observing

_____ Consulting

_____ Conducting Research

_____ Training

_____ Demonstrating Special Skills

_____ Temporary Employment

_____ Here with Spouse

_____ Summer Work/Travel

- (12) What is the arrival date of your first visit to the United States? _____
- (13) What is the start date of your visa for this primary activity? _____
- (14) What is the projected end date of your visa primary activity? _____
- (15) What is your Position and Department? _____
- (16) Is your Spouse in the US? _____ yes _____ no No. of Dependents _____
- (17) What type of Student? _____ Undergraduate _____ Masters _____ Doctoral _____ Other: _____

Previous History: List Visa activity for the last 5 years and all F, J, M, and Q visas since 1/1/1985.

Date of Entry Mm/dd/year	Date of Exit Mm/dd/year	Visa Type Immigration Status	Subtype	Primary Activity	Did you use tax treaty benefits?
					_____ yes _____ no
					_____ yes _____ no
					_____ yes _____ no
					_____ yes _____ no
					_____ yes _____ no
					_____ yes _____ no

I hereby certify that all of the above information is true and correct. I understand if my status changes from that which I have indicated on this form, I must submit a new Foreign National Information Form to the Payroll Department.

Signature: _____ Date: _____

INSTRUCTIONS FOR HOW TO COMPLETE THE FOREIGN NATIONAL INFO FORM:

- Name: List full name
- A. Social Security Number: Enter either the Social Security number issued by the US Social Security Administration or ITIN (Individual Taxpayer Identification Number). If you have not received your social security number yet, leave blank.
B. Personnel number: Enter your personnel number issued by the NC Department of Transportation.
- A. Enter your date of birth in month/day/year format.
B. Enter your date of hire in month/day/year format.
- A. Local Street Address: List your U.S. mailing address. (no post office boxes)
B. List your home phone number and your daytime phone number or cell phone number.
C. List your e-mail address.
- Foreign Residence Address: List your permanent residence in your home country.
- List the Country where you are a citizen.
- List the Country that issued your passport, not the country where it was issued.
- List your passport number and expiration date.
- If you have been to the U.S. before this time, check yes.
- Immigration status: Check the type of immigration status you currently hold. If you check U.S. Immigrant/Permanent Resident and have a "green card", you may proceed to the bottom of the form, sign and date. Please attach a copy of your green card if applicable.
- Check the one activity that is the actual primary reason for your visit.
- Enter your actual entry date into the U.S. Must include month, day, and year of the first time ever into the U.S. Approximate if you don't know.
- Enter the start date of your first visa for this primary activity.
- Enter the projected end date on your DS2019 or I-20.
- Occupation: Describe in general the services you are being compensated for.
- Check yes or no for whether your spouse is in the U.S. Also enter the number of dependents in the USA other than your spouse.
- Check the appropriate box, if applicable.

Be sure to sign and date the form and attach copies of all required documents.

North Carolina Department of Transportation

Employee Emergency Information

(Please Print or Type)

Employee's Legal Name:

First

Middle

Last

Residence Address:

Mailing Address (if different):

Telephone Number: () -

Cell Phone Number: () -

Emergency Contact:

First

Middle

Last

Emergency Contact Address:

Emergency Contact Telephone Number: () -

Emergency Contact Cell Phone Number: () -

Emergency Contact Work Telephone Number: () -

Signature: _____

Date: _____

NC DEPARTMENT OF TRANSPORTATION
POLICY AND PROCEDURES FOR
ID BADGES

Who gets a badge?

All employees, full time, temporary, interns

Wearing your ID Badge:

Badges must be worn at all times inside any DOT Building - daytime, nighttime, weekends and holidays.

All ID Badges must be worn from the waist up, face forward.

Absolutely no tampering or disfiguring of badge.

Absolutely no loaning of your badge to another person.

If you are working in the field, keep ID Badge in wallet.

When I forget my badge:

You must enter the building by the customer's entrance.

You will be issued a temporary badge for that workday.

You will need to return the badge at the end of the workday.

If I lose or damage my ID Badge:

If you lose your ID Badge, immediately notify the Security Section at 919.715.2324 or by email at "securitymanagement@ncdot.gov" so badge can be canceled. If notification is not made and badge is used in a theft, you will be held responsible for loss of state property.

Replacement badge must be obtained within a three (3) day period.

If in the Raleigh area, come to the Transportation Building, Room 10 to have a replacement badge issued.

Outside the Raleigh area, a replacement badge can be mailed.

Relocating, changing jobs, retiring or leaving DOT:

If you relocate or change jobs, you must notify the Security Section so your badge data can be changed. Remember each building has designated entry codes.

If you retire or leave DOT, the ID Badge must be turned in to your Supervisor. Returning your badge is part of your Exit Package. Your badge will be forwarded to the Security Section upon departure for cancellation.

Swiping Badge:

Anytime you enter a building with card access, you must swipe your badge.

If there are several employees entering the door at the same time, each employee must swipe their badge.

Remember, if you did not card in, you did not come to work.

Note:

Your ID Badge is your identification for the Department of Transportation. The badge should be worn whenever representing the department at meetings, public hearings, visiting courthouses and other government buildings, obtaining a motel room with state rates and other state related activities.

Questions:

If you have any questions, please contact the Security Section by calling 919.715.2324 or by email securitymanagement@ncdot.gov.



NC DEPARTMENT OF TRANSPORTATION

ID BADGE INFORMATION

A NCDOT ID Badge requires the following information. Complete this form and bring to Room 10, Transportation Building between the hours of 8:00 a.m. - 11:30 a.m. or 1:30 p.m. - 3:30 p.m. If you need further assistance, please call 919.715.2324 or 919.715.8425.

Last Name:

First:

MI:

Nickname:

Contractor:

Section You Work In:

Department:

Location / Building:

Room No. / Column No.:

County:

Work Phone W/Area Code:

Job Description / Company:

Personnel No: or

SSN - Last 4 Digits

Badge:

New

Replace

~ID Badges are to be worn at all times in any DOT Building. Exception is for Highway field personnel. Please keep in wallet.

~Do not let anyone into your building. Customers must obtain Visitor's Badge at designated location in the building.

~If you lose badge or change any information listed above, contact Security Section at 919-715-2324 or email "securitymanagement@ncdot.gov"

~ID Badge must be turned in upon termination of employment. Part of Exit Package.

Signature

Date

Badge No: _____ By: _____ Date: _____

(To be filled out by Security Office)

Note: If emailing form and picture, please reduce resolution on your photos.

Email to: securitymanagement@ncdot.gov

***** PLACE IN PERSONNEL FILE *****

INSTRUCTIONS FOR ID BADGE INFORMATION SHEET

Last Name, First and MI

Complete as requested. No nicknames here.

Nickname

These are names like "Steve", "Tom", "Nikki". Please do not use names such as "Pogo", "Knuckle Head", "Big Boss".

Contractor:

Example: IT Contractor

Section You Work In

Examples: Traffic Engineering, Division 5, IT, License and Theft

Department

DOT, DOH, DMV

Location / Building

Examples: Transportation Building, DMV, Century Center A

Room No. / Column No.

Only when it applies. Mostly Transportation Building, DMV, Century Center.

County

The County in which you work.

Work Phone w/Area Code

Complete as requested

Job Description / Company

Examples: Congestion Management, Construction, Scanning

Personnel No. or SSN - Last 4 Digits

Complete one or the other

Badge: New or Replace

Check appropriate box.

Those outside the Raleigh area can email a digital picture (shoulders up) and form to securitymanagement@ncdot.gov

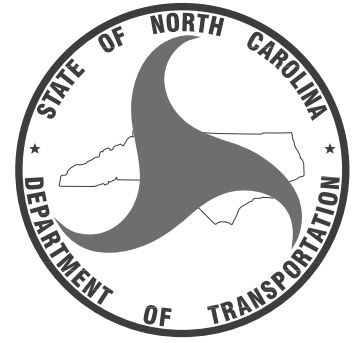
If you are sending 5 or more pictures, send on a CD with each picture named and the forms by inter-office mail. "Security Section, 1504 MSC, Room 10, Raleigh, NC"

For any questions or assistance, please call - 919-715-2324

North Carolina
Dept. of Transportation
Raleigh, N. C. 27611

December 2007

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1 335
2 336	3 337	4 338	5 339	6 340	7 341	8 342
9 343	10 344	11 345	12 346	13 347	14 128	15 349
16 350	17 351	18 352	19 353	20 354	21 355	22 356
23 357	24 358	25 359	26 360	27 361	28 401	29 363
30 364	31 365					



January 2008

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1 1	2 2	3 3	4 4	5 5
6 6	7 7	8 8	9 9	10 10	11 402	12 12
13 13	14 14	15 15	16 16	17 17	18 18	19 19
20 20	21 21	22 22	23 23	24 24	25 403	26 26
27 27	28 28	29 29	30 30	31 31		

February 2008

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1 32	2 33
3 34	4 35	5 36	6 37	7 38	8 404	9 40
10 41	11 42	12 43	13 44	14 45	15 46	16 47
17 48	18 49	19 50	20 51	21 52	22 405	23 54
24 55	25 56	26 57	27 58	28 59	29 60	

March 2008

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1 61
2 62	3 63	4 64	5 65	6 66	7 406	8 68
9 69	10 70	11 71	12 72	13 73	14 74	15 75
16 76	17 77	18 78	19 79	20 80	21 407	22 82
23 83	24 84	25 85	26 86	27 87	28 88	29 89
30 90	31 91					

April 2008

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1 92	2 93	3 94	4 408	5 96
6 97	7 98	8 99	9 100	10 101	11 102	12 103
13 104	14 105	15 106	16 107	17 108	18 409	19 110
20 111	21 112	22 113	23 114	24 115	25 116	26 117
27 118	28 119	29 120	30 121			

May 2008

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1 122	2 410	3 124
4 125	5 126	6 127	7 128	8 129	9 130	10 131
11 132	12 133	13 134	14 135	15 136	16 411	17 138
18 139	19 140	20 141	21 142	22 143	23 144	24 145
25 146	26 147	27 148	28 149	29 150	30 412	31 152

June 2008

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1 153	2 154	3 155	4 156	5 157	6 158	7 159
8 160	9 161	10 162	11 163	12 164	13 413	14 166
15 167	16 168	17 169	18 170	19 171	20 172	21 173
22 174	23 175	24 176	25 177	26 178	27 414	28 180
29 181	30 182					

July 2008

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1 183	2 184	3 185	4 186	5 187
6 188	7 189	8 190	9 191	10 192	11 415	12 194
13 195	14 196	15 197	16 198	17 199	18 200	19 201
20 202	21 203	22 204	23 205	24 206	25 416	26 208
27 209	28 210	29 211	30 212	31 213		

August 2008

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1 214	2 215
3 216	4 217	5 218	6 219	7 220	8 417	9 222
10 223	11 224	12 225	13 226	14 227	15 228	16 229
17 230	18 231	19 232	20 233	21 234	22 418	23 236
24 237	25 238	26 239	27 240	28 241	29 242	30 243
31 244						

September 2008

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1 245	2 246	3 247	4 248	5 419	6 250
7 251	8 252	9 253	10 254	11 255	12 256	13 257
14 258	15 259	16 260	17 261	18 262	19 420	20 264
21 265	22 266	23 267	24 268	25 269	26 270	27 271
28 272	29 273	30 274				

October 2008

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1 275	2 276	3 421	4 278
5 279	6 280	7 281	8 282	9 283	10 284	11 285
12 286	13 287	14 288	15 289	16 290	17 422	18 292
19 293	20 294	21 295	22 296	23 297	24 298	25 299
26 300	27 301	28 302	29 303	30 304	31 423	

November 2008

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1 306
2 307	3 308	4 309	5 310	6 311	7 312	8 313
9 314	10 315	11 316	12 317	13 318	14 424	15 320
16 321	17 322	18 323	19 324	20 325	21 326	22 327
23 328	24 329	25 330	26 331	27 332	28 425	29 334
30 335						

December 2008

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1 336	2 337	3 338	4 339	5 340	6 341
7 342	8 343	9 344	10 345	11 346	12 426	13 348
14 349	15 350	16 351	17 352	18 353	19 354	20 355
21 356	22 357	23 358	24 359	25 360	26 401	27 362
28 363	29 364	30 365	31 366			



North Carolina
Office of the State Controller

Mandatory Direct Deposit Notification

(To be signed by all new hires, and rehires on and after August 1, 2007)

In accordance with the State Controller's Policy issued July 1, 2007, as a condition of employment, a person hired or appointed to a position in a state agency on or after August 1, 2007, and who is serviced by a payroll center administered by the Office of the State Controller, shall be required to accept all payroll related payments by direct deposit. The policy may be viewed at the State Controller's Website - http://www.ncosc.net/sigdocs/sig_docs/payroll/Payroll_Forms.html.

I understand that as a condition of employment, because I am a new hire or rehire applicant, I must comply with the policy and enroll in the direct deposit feature within 30 days of being hired or rehired, and remain enrolled in the direct deposit feature during the tenure of my employment. I understand that I can apply for an exemption from this requirement as provided by the policy. I understand that if I am not granted an exemption, I may be subject to dismissal.

Applicant Name (Please Print) _____

Applicant Signature: _____ Date: _____

To be completed by employing agency:

Advertised Position #: _____ Position Title: _____

Hiring Agency Name: _____

Hiring Supervisor or HR Official: _____

Copy 1 - Agency Human Resources Office; Copy 2 – Employee



North Carolina
Office of the State Controller

**DIRECT DEPOSIT
ENROLLMENT AND CHANGE FORM**
FORM OSCPXA 01

Payroll Unit # _____
(to be completed by Payroll Office)

<input type="checkbox"/> ENROLL ME IN DIRECT DEPOSIT	<input type="checkbox"/> CHANGE MY DIRECT DEPOSIT		
SOCIAL SECURITY NUMBER:	FIRST NAME:	MI:	LAST NAME:
AGENCY OR UNIVERSITY:	WORK E-MAIL ADDRESS:	WORK PHONE NUMBER:	

NAME OF BANK OR FINANCIAL INSTITUTION:	
<input type="checkbox"/>	Deposit to my CHECKING or MONEY MARKET account (my name is on this account)
<input type="checkbox"/>	Deposit to my SAVINGS account (my name is on this account)
I am ATTACHING (check one and STAPLE HERE)	
<input type="checkbox"/>	a PHOTOCOPY of a CHECK with my preprinted name and current address
<input type="checkbox"/>	a CHECK marked " VOID " with my preprinted name and current address
<input type="checkbox"/>	an official BANK FORM , certified and stamped by a banking official, which provides my account number and the bank routing number
<input type="checkbox"/>	a DEPOSIT SLIP for my savings account PLUS the bank routing number shown below: _____

<p align="center">PLEASE NOTE:</p> <p>The Office of the State Controller (OSC) will transmit your payment electronically based on the information you have provided. If the payroll transmission fails because you have given your Payroll Office incorrect or outdated information, the State can only provide a replacement payment AFTER a refund from the financial institution has been received. It is important that you provide correct account and bank routing numbers, and that you notify your Payroll Office immediately if you change banks or account numbers. The OSC has the right to retract and correct payments, as necessary.</p> <p>This completed form must be received in your Agency Payroll Office no less than 15 days prior to your next payday for the direct deposit to be effective for the next pay period.</p>

I authorize my salary payment to be routed to the bank or financial institution listed on this form and deposited into the account identified on the attached certification document. I understand and accept the conditions of participation in the direct deposit program.	
SIGNATURE:	DATE:

Employee's Withholding Allowance Certificate

North Carolina Department of Revenue

PURPOSE. Complete Form NC-4 so that your employer can withhold the correct amount of State income tax from your pay.

BASIC INSTRUCTIONS. Complete the **Personal Allowances Worksheet** on Page 2. An additional worksheet is provided on Page 2 for employees to adjust their withholding allowances based on itemized deductions, adjustments to income, or tax credits. The worksheets will help you figure the number of withholding allowances you are entitled to claim. However, you may claim fewer allowances if you wish to increase the tax withheld during the year. If your withholding allowances decrease, you must file a new NC-4 with your employer within 10 days after the change occurs except that a new NC-4 is not required until the next year in the following cases:

1. When a dependent dies during the year.
2. When an individual ceases to be a dependent during the year and the support furnished will be the chief support for the year.
3. When an individual ceases to be head of household after maintaining the household for the major portion of the year.

Note: Read line 3 of the certificate below to see if you can claim exempt status. If exempt, only complete the certificate; but do not complete lines 1 and 2. No State

income tax will be withheld from your pay. If claiming exempt, the statement is effective for one calendar year only and a new statement must be completed and given to your employer by next February 15.

HEAD OF HOUSEHOLD. Generally you may claim head of household status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. Note: "Head of Household" for State tax purposes is the same as for federal tax purposes.

QUALIFYING WIDOW(ER). You may claim qualifying widow(er) status only if your spouse died in either of the two preceding tax years and you meet the following requirements:

1. Your home is maintained as the main household of a child or stepchild for whom you can claim an exemption; and
2. You were entitled to file a joint return with your spouse in the year of your spouse's death.

Note: "Qualifying Widow(er)" for State tax purposes is the same as for federal tax purposes. Because the standard deduction used in the tax tables for married and qualifying widow(er) is \$3,000 and you are entitled to a standard deduction of \$6,000, you may elect to

claim an additional personal withholding allowance on line C of the **Personal Allowances Worksheet** to avoid having too much tax withheld.

MARRIED AND SPOUSE DOES NOT WORK OR HAS WAGE INCOME OF LESS THAN \$3,500. The withholding tax tables are based on both spouses earning wages during the year. If your spouse does not work or will earn wages of less than \$3,500 during the year, you may elect to complete line B of the **Personal Allowances Worksheet** to avoid having too much tax withheld.

TWO JOBS. If you have more than one job, figure the total number of allowances you are entitled to claim on all jobs using only one form NC-4. This total should be divided among all jobs. Your withholding will usually be most accurate when all allowances are claimed on the NC-4 filed for the higher paying job and zero allowances are claimed for the other.

NONWAGE INCOME. If you have a large amount of nonwage income, such as interest or dividends, you should consider making estimated tax payments using Form NC-40.

All NC-4 forms are subject to review by the North Carolina Department of Revenue. Your employer may be required to send this form to the North Carolina Department of Revenue.

Social Security Number

First Name (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)

Address

City

Marital Status

☐ Single ☐ Head of Household ☐ Married or Qualifying Widow(er)

M.I. Last Name

County (Enter first five letters)

State

Zip Code (5 Digit)

Country (If not U.S.)

1. Total number of allowances you are claiming
(From Line F of the **Personal Allowances Worksheet** on Page 2)

2. Additional amount, if any, you want deducted from each pay period
(Enter whole dollars)

3. I claim exemption from withholding and I certify that I meet ALL of the following conditions for exemption:

- Last year I was entitled to a refund of ALL State income tax withheld because I had NO tax liability; and
- This year I expect a refund of ALL State income tax withheld because I expect to have NO tax liability.

If you meet all of the above conditions, enter the year effective 20 and write "EXEMPT" here →

CAUTION: If you furnish an employer with an Employee's Withholding Allowance Certificate that contains information which has no reasonable basis and results in a lesser amount of tax being withheld than would have been withheld had you furnished reasonable information, you are subject to a penalty of 50% of the amount not properly withheld.

Signature

Date

I certify, under penalties provided by law, that the withholding allowances claimed on this certificate do not exceed the amount to which I am entitled.

(Employer: Complete below only if sending to the North Carolina Department of Revenue. Submit the original and keep a copy for your records.)

Employer's Name (USE CAPITAL LETTERS)

FEIN

Employer's Address

County (Enter first five letters)

City

State

Zip Code (5 Digit)

Country (If not U.S.)



Personal Allowances Worksheet

A. Enter "1" for yourself if no one else can claim you as a dependent A. _____

IN ADDITION TO A. ABOVE:B. Enter "1" if you are married and you expect your spouse's wages to be from \$1,000 to \$3,500.
Enter "2" if you are married and your spouse has no income or expects to earn less than \$1,000 B. _____

C. Enter "1" if you are a qualifying widow(er)..... C. _____

D. Enter the number of dependents (other than your spouse or yourself) you will claim on
your tax return D. _____E. If you plan to itemize, claim adjustments to income, or have allowable tax credits and want to
reduce your withholding, complete the **Deductions, Adjustments, and Tax Credits Worksheet**
below and enter number from line 14..... E. _____F. Add lines A through E and enter total here and on line 1 of your **Employee's Withholding
Allowance Certificate** F. _____**Deductions, Adjustments, and Tax Credits Worksheet**1. Additional withholding allowances may be claimed if you expect to have allowable itemized
deductions exceeding the standard deduction. Enter an estimate of the total itemized
deductions to be claimed on your federal tax return less the amount of any State income tax
included in your federal deductions..... 1. _____2. Enter

{	\$4,400 if head of household
	\$3,000 if single
	\$3,000 if married filing separately
	\$6,000 if married filing jointly or qualifying widow(er).....

 2. _____

3. Subtract line 2 from line 1, enter the result here 3. _____

4. Enter an estimate of your federal adjustments to income and your State deductions from
federal taxable income 4. _____

5. Add lines 3 and 4 5. _____

6. Enter an estimate of your nonwage income (such as dividends or interest)..... 6. _____

7. Enter an estimate of your State additions to federal taxable income (do not enter the
addition for state income tax or the additions for the standard deduction and personal exemption
inflation adjustment)..... 7. _____

8. Add lines 6 and 7..... 8. _____

9. Subtract line 8 from line 5..... 9. _____

10. Divide the amount on line 9 by \$2,500 (\$2,000 if you expect your income from all sources for
the year to equal or exceed the following amounts for your filing status: \$60,000 - single;
\$80,000 - head of household; \$50,000 - married or qualifying widow(er)) and enter the result
here. Drop any fraction..... 10. _____11. If you are entitled to tax credits, for each \$175 (\$140 if you expect your income from all
sources for the year to equal or exceed the following amounts for your filing status: \$60,000 - single;
\$80,000 - head of household; \$50,000 - married or qualifying widow(er)) of tax credit, enter "1"
additional allowance..... 11. _____

12. Add lines 10 and 11 and enter total here..... 12. _____

13. If you completed this worksheet on the basis of married filing jointly, enter the number from line
12 that your spouse will claim 13. _____14. Subtract line 13 from line 12 and enter the total here and on line E of the **Personal Allowances
Worksheet**..... 14. _____

Form W-4 (2008)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2008 expires February 16, 2009. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$900 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits,

adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax

payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2008. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: <div style="display: inline-block; vertical-align: middle;"><div style="display: inline-block; vertical-align: middle;">• You are single and have only one job; or</div><div style="display: inline-block; vertical-align: middle;">• You are married, have only one job, and your spouse does not work; or</div><div style="display: inline-block; vertical-align: middle;">• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</div></div>	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$58,000 (\$86,000 if married), enter "2" for each eligible child. • If your total income will be between \$58,000 and \$84,000 (\$86,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have 4 or more eligible children.	G _____
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H _____
For accuracy, complete all worksheets that apply. <div style="display: inline-block; vertical-align: middle;"><div style="display: inline-block; vertical-align: middle;">• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.</div><div style="display: inline-block; vertical-align: middle;">• If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.</div><div style="display: inline-block; vertical-align: middle;">• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.</div></div>		

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
Department of the Treasury Internal Revenue Service		▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		2008
1 Type or print your first name and middle initial.		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____		6 \$ _____
6 Additional amount, if any, you want withheld from each paycheck				
7 I claim exemption from withholding for 2008, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 _____		
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (Form is not valid unless you sign it.) ▶		Date ▶		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions, claim certain credits, or claim adjustments to income on your 2008 tax return.

- 1** Enter an estimate of your 2008 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2008, you may have to reduce your itemized deductions if your income is over \$159,950 (\$79,975 if married filing separately). See *Worksheet 2* in Pub. 919 for details.) **1** \$ _____
- 2** Enter: $\left\{ \begin{array}{l} \$10,900 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,000 \text{ if head of household} \\ \$5,450 \text{ if single or married filing separately} \end{array} \right\}$ **2** \$ _____
- 3** Subtract line 2 from line 1. If zero or less, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your 2008 adjustments to income, including alimony, deductible IRA contributions, and student loan interest **4** \$ _____
- 5** Add lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 8* in Pub. 919) **5** \$ _____
- 6** Enter an estimate of your 2008 nonwage income (such as dividends or interest) **6** \$ _____
- 7** Subtract line 6 from line 5. If zero or less, enter "-0-" **7** \$ _____
- 8** Divide the amount on line 7 by \$3,500 and enter the result here. Drop any fraction **8** _____
- 9** Enter the number from the **Personal Allowances Worksheet**, line H, page 1 **9** _____
- 10** Add lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 **10** _____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1** Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) **1** _____
 - 2** Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$50,000 or less, do not enter more than "3." **2** _____
 - 3** If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet **3** _____
- Note.** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4-9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.
- 4** Enter the number from line 2 of this worksheet **4** _____
 - 5** Enter the number from line 1 of this worksheet **5** _____
 - 6** Subtract line 5 from line 4 **6** _____
 - 7** Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here **7** \$ _____
 - 8** Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed **8** \$ _____
 - 9** Divide line 8 by the number of pay periods remaining in 2008. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2007. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck **9** \$ _____

Table 1

Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above
\$0 - \$4,500	0	\$0 - \$6,500	0
4,501 - 10,000	1	6,501 - 12,000	1
10,001 - 18,000	2	12,001 - 20,000	2
18,001 - 22,000	3	20,001 - 27,000	3
22,001 - 27,000	4	27,001 - 35,000	4
27,001 - 33,000	5	35,001 - 50,000	5
33,001 - 40,000	6	50,001 - 65,000	6
40,001 - 50,000	7	65,001 - 80,000	7
50,001 - 55,000	8	80,001 - 95,000	8
55,001 - 60,000	9	95,001 - 120,000	9
60,001 - 65,000	10	120,001 and over	10
65,001 - 75,000	11		
75,001 - 100,000	12		
100,001 - 110,000	13		
110,001 - 120,000	14		
120,001 and over	15		

Table 2

Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$65,000	\$530	\$0 - \$35,000	\$530
65,001 - 120,000	880	35,001 - 80,000	880
120,001 - 180,000	980	80,001 - 150,000	980
180,001 - 310,000	1,160	150,001 - 340,000	1,160
310,001 and over	1,230	340,001 and over	1,230

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, and the District of Columbia for use in administering their tax laws, and using it in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

North Carolina Department of Transportation

ETHICS POLICY

Preamble

The holding of a public office by appointment or employment is a public trust. Independence and impartiality of public officials and employees of the Department of Transportation are essential to maintain the confidence of our citizens.

The members of the Board of Transportation, officers and employees of the North Carolina Department of Transportation have a duty to the people of North Carolina to uphold the public trust, prevent the occurrence of conflicts of interest, and endeavor at all times to use their position for the public benefit.

To this end, members of the board, officers, and employees of the Department of Transportation shall ensure that an atmosphere of ethical behavior is promoted and maintained at all times.

Introduction

The major transportation functions of the North Carolina Department of Transportation (NCDOT) include highways, public transportation, motor vehicles, railways, bicycles, pedestrian facilities, aeronautics and ferries. The NCDOT is statutorily responsible for providing the necessary planning, construction, maintenance, and operation of an integrated statewide transportation system for the economical and safe transportation of people and goods as provided for by law, including the registration of transportation vehicles and driver's license. It is in the public interest to establish policies on ethical conduct which set forth a code of behavior to be followed by employees of the NCDOT that is consistent with federal and state laws, as well as related Department policies. These policies on ethical behavior are intended to guide the actions of all employees of NCDOT.

Employees of the NCDOT are expected to maintain and exercise the highest ethical standards of conduct in the performance of their duties and responsibilities, and as a condition of employment shall abide by this policy. Employees of the NCDOT are expected to conduct themselves in a manner that prevents all forms of impropriety, to

include but not limited to, placement of self interest above public interest, partiality, prejudice, favoritism and undue influence.

This policy applies to all employees of the NCDOT and shall be brought to the attention of each employee during orientation and through annual training by Human Resources. Failure to comply with this policy will be grounds for disciplinary action up to and including dismissal.

Definitions

1. Conflict of interest

A conflict of interest arises when an employee's private interest, usually of a personal, financial or economic nature, conflicts or creates the appearance of a conflict with the employee's public duties and responsibilities.

2. Gift

A gift is anything of value given without compensation.

3. Favor

A favor is any opportunity, service, accommodation, use of facility, or other benefit made available for less than fair market or normal value given in exchange for being influenced in the discharge of one's duties and responsibilities.

4. Employee

Employee for the purposes of this policy shall mean both State officer and employee holding an office or employment with the North Carolina Department of Transportation.

5. Family

Family for the purposes of this policy includes spouse, you and your spouse's children, parents, in-laws, step-parents, step-child, step-sibling, grandchildren, brother, sister, uncle, aunt, first cousin, also any dependent person living in the same household.

I. Conflict of Interest

No employee shall have any interest, financial or otherwise, direct or indirect, or engage in any business, transaction or activity that is in conflict or could appear to be in conflict with the proper discharge of his or her duties. An appearance of a conflict of interest exists when a reasonable person would conclude from the circumstances that the employee's ability to protect the public interest, or perform public duties, is compromised by personal interest. Examples of conflict of interest are as follows:

A. Misuse of Official Position

No employee shall use or attempt to use his or her position with the NCDOT to secure unwarranted privileges or advantages for himself, herself or others.

B. Contracts and Purchasing Order Agreements

No employee authorized to draft, negotiate, administer, accept or approve any contract, subcontract or purchase order agreement on behalf of the State, or any member of his/her family, shall have, directly or indirectly, any financial interest in such contract, subcontract or purchase order agreement.

In an effort to avoid the appearance of impropriety while conducting the public's business, employees will be restricted from accepting any employment or engaging in any relationship following their employment with NCDOT with any business entity in connection with any contract, subcontract or purchase order agreement that they participated in any of the following activities:

1. Drafting the contract, subcontract or purchasing order agreement ;
2. Defining the scope of the contract, subcontract or purchasing order agreement;
3. Selection of the business entity for services;
4. Negotiation of the cost of the contract, subcontract or purchasing order agreement, including calculation of man-hours, fees or extent of services;
5. Administration of the contract or purchase order agreement.

This section is not intended to prohibit employment with a business entity if the employment is on work other than the specific contract, subcontract or purchase order agreement with which they were involved. An exception to this section of the policy may be granted when recommended by the Secretary of Transportation and approved by the Board of Transportation.

C. Real/Personal Property

No employee or member of his/her family shall use an employee's position to profit from, directly or indirectly, an interest in real or personal property.

D. Business Opportunities

No employee or member of his/her immediate family shall accept any business or professional opportunity when such person knows, or reasonably should know, that the opportunity is being afforded to them with the intent to influence the performance of the employee's official duties.

E. Outside Employment and Activities

In accordance with NCDOT Secondary Employment policy, the employment responsibilities to the State are primary for any employee working full-time and any other employment in which that person chooses to engage is secondary. An employee shall have the approval from the division, branch or unit manager before engaging in any secondary employment.

No employee shall accept employment or render services for any private or public interest when that employment or service is in conflict with the discharge of his or her official duties or when that employment may tend to impair his or her objectivity or independence of judgment in the performance of such duties or induce them to disclose confidential or any information gained through their State duties.

F. Use of Information

No employee shall, directly or indirectly, use, disclose, or allow the use of official information which was obtained through or in connection with his or her official duties and which has not been made available to the general public for the purpose of furthering the private interest or personal profit of any business entity or person, including the employee.

II. Gifts and Favors

No employee shall knowingly, directly or indirectly, ask, accept, demand, exact, solicit, seek, assign, receive, or agree to receive anything of value for the employee or for another person, in return for being influenced in the discharge of the employee's duties and responsibilities.

No employee shall solicit for a charitable purpose a gift from a subordinate employee, except as provided in NC General Statute, Section 138A-32 (b).

No employee shall solicit or accept, directly or indirectly, on behalf of himself or herself or family member, any gift or favor from a contractor, subcontractor, vendor, supplier, lobbyist or any other individual or other business entity that:

1. Has or is seeking to obtain contractual or other business or financial relations with the Department;
2. Conducts operations or activities that are regulated by the Department;
3. Have interests that may be substantially affected by the performance or non-performance of the employee's official duties.

Exceptions to this section, gifts and favors, are noted in NC General Statute, Section 138A-32 (e).

Any such gift or favor received from a contractor, subcontractor, supplier, lobbyist or any other individual or other business entity must be reported and remitted immediately through the appropriate chain of command to the Secretary of Transportation.

III. Consultation

Employees are urged to consult with the Division of Human Resources, Classification, Compensation & Policy Unit staff when an ethical question arises under this policy.

IV. Distribution and Training of Ethics Policy

A copy of this policy will be presented to all new employees at the time of employment and posted in a conspicuous place throughout the Department and made available on the NCDOT web site.

Training shall be provided by Human Resources every other year.

V. Enforcement and Compliance

This policy will be enforced by the Secretary of Transportation. Failure to comply with the above policy will be grounds for disciplinary action up to and including dismissal from employment with the NCDOT. Conflicts of interest or unethical behavior that defrauds the Department, vendor, contractor, subcontractor, or supplier may also be violations of criminal law and may result in criminal prosecution.

VI. Disclosures

Any employee who identifies a conflict of interest shall disclose the same promptly in writing through appropriate management channels to the Secretary of Transportation.

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION ETHICS POLICY DECLARATION

This form is to be completed by all employees of NCDOT. However, new hires and State employee transfers should complete this form during orientation or on the effective date of transfer.

1. Have you read the attached Ethics Policy?

_____ Yes _____ No

2. Are you presently in compliance with this Policy?

_____ Yes _____ No _____ Unsure

If you answered 'no' or 'unsure,' please provide an explanation.

3. Do you anticipate any situation that would cause your interests to conflict with the interests of North Carolina Department of Transportation?

_____ Yes _____ No _____ Unsure

If you answered 'yes' or 'unsure,' please provide an explanation.

4. Do you have any matter relating to the Ethics Policy that should be discussed at this time? For example, do you have a family member employed with a company performing work for the Department?

_____ Yes _____ No

If you answered 'yes,' please provide an explanation.

I, _____, affirm that I will abide by the principles of the Ethics Policy.

Date

Signature

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION

STATE TELEPHONE NETWORK POLICY AND PROCEDURES

- I. **Purpose:** To ensure proper and authorized use of the State Telephone Network.
- II. **Overall Policy Statement:** Use of State telephones for local personal calls should be kept to a minimum in amount and duration. Employees are not allowed to charge long distance phone calls to the State for calls of a personal nature. All long distance calls, which are to be paid by the State, are those made pursuant to the employee conducting official state business. Personal use of the phone system is not a fringe benefit. Misuse of telephone privileges may result in disciplinary action up to and including dismissal.
- III. **Types of Calls:**
 - A. **Local Personal Calls** – Use of State telephones for local personal calls should be kept to the absolute minimum. Local access is usually obtained by dialing **9 + phone number**.
 - B. **Long Distance Calls** – Employees are not allowed to make personal long distance calls on the State Telephone Network; instead, these should be charged to the employee's home phone or personal credit card. All long distance calls which are to be paid by the State are those made while conducting official state business. Long distance access may vary depending on location of work place and type of phone system. Collect and third party billing calls are not permitted unless special authorization has been granted. Individual units may require a phone log of long distance phone calls, as well as local calls.
 - C. **Allowable Personal Calls** – An employee who is on travel status is allowed limited long distance phone calls in accordance with the Uniform Travel Policy and Reimbursement Procedures.
 - D. **Telephone Credit Cards** – Telephone credit cards are issued to employees who frequently travel as a requirement of their position. These credit cards are only for official State business. No personal long-distance phone calls may be charged to the State credit cards. NCDOT employees should never give out their credit card number. All credit card users are required to use the State Telephone Network credit card whenever possible.
 - E. **Emergency Calls** – Employees may use the State Network System, State credit card, or may be reimbursed for a personal long distance call(s) if such

call(s) is of an emergency nature as determined by the department. An example may be a call made when an employee calls home to inform someone that the travel period has been extended beyond original plans due to unforeseen circumstances.

- F. Cellular or Wireless Telephones** – Because cellular or wireless telephone charges are based on measured use, no personal calls should be made on cellular or wireless telephones except in case of emergency as determined by the department. Cellular or wireless telephones should only be used when more economical means of telephoning are not available. (For more detailed information on the use of cellular and wireless telephones, refer to the NCDOT Wireless Phone Policy and Procedures.)
- G. Secondary Employment** – No telephone calls related to secondary employment are to be made during official State working hours.
- H. Fax Machines** – Fax machines are provided for official NCDOT business only, including local calls. Personal use is not permitted for outgoing or incoming transmittals.
- I. Emergency Situations** – Should emergency circumstances arise which necessitates a State employee to make a personal long distance call not covered by **A-H** above, the employee should immediately notify his or her supervisor and make arrangements to reimburse the State.

IV. Telephone Etiquette: All NCDOT employees are expected to use appropriate telephone etiquette in answering and referring calls. Refer to the individual unit's customer service plan regarding usage and operation of the telephone system.

Employee's Signature

Date

State of North Carolina

Department of Transportation



Statement of Understanding
Regarding Use of Computers and Information Technology Resources by
Department of Transportation Employees

Purpose

This statement is intended to inform employees of their rights and obligations relative to federal and state law, and the Department's Computer and Data Security Policy. These declarations introduce some of the requirements that have been put into place by the Department. They are necessarily incomplete. The Department has the right to inspect an employee's computer system for violations of these policies.

Department Policy Regarding the Use of Computer Software

The Department licenses the use of computer software from a variety of outside companies. The Department does not own the copyright to this software or its related documentation and, except for a single copy for backup purposes or unless expressly authorized by the copyright owner(s), does not have the right to reproduce it for use on more than one computer.

- Any employee who knowingly makes, acquires, or uses unauthorized copies of computer software licensed to the Department or who places or uses unauthorized software on Department premises or equipment shall be subject to disciplinary action up to and including dismissal.
- Employees are not permitted to install software onto Department computers without permission. Employees are not permitted to copy software from Department computers and install it on home or any other computers without permission.
- Department employees learning of any misuse of software or related documentation within the Department shall notify the Data Security Administrator or other appropriate person. According to the U.S. Copyright law, 17 U.S.C. et. seq., unauthorized reproduction of software is a federal offense. Offenders can be subject to civil damages of as much as \$100,000 per title copied, and criminal penalties, including fines (up to \$250,000 per work copied) and imprisonment (up to 5 years per title copied).
- The Department does not condone and specifically forbids the unauthorized duplication of software.
- With regard to software usage on local area networks, employees shall use the software only in accordance with the license agreement.
- The copyright to software written by employees using state equipment and time is owned by the Department.
- Disposal of software shall be done in accordance with the license agreement and state law. Employees are not allowed to dispose of software without permission.

Department Policy Regarding Internet Usage

As part of the Department's commitment to the utilization of new technologies, many of our employees have access to the Internet. In order to ensure compliance with the copyright law, and protect ourselves from being victimized by the threat of viruses or computer hacking, the following is effective immediately:

- It is the Department's policy to limit Internet access to official business. The introduction of viruses, malicious tampering, or the use of any computer system for commercial or personal gain is prohibited. Any such activity shall result in disciplinary action up to and including dismissal.

- Employees using the Department's accounts are acting as representatives of the Department. As such, employees should act accordingly so as not to damage the reputation of the Department.
- Files which are downloaded from the Internet must be scanned with virus detection software before installation or execution. All appropriate precautions should be taken to detect for a virus and, if necessary, to prevent its spread.
- The truth or accuracy of information on the Internet and in e-mail should be considered suspect until confirmed by a separate (reliable) source.
- Employees shall not place Department information (copyrighted software, internal correspondence, etc.) on any publicly accessible Internet computer without prior permission.
- Alternate Internet Service Provider connections to the Department's internal network are not permitted unless expressly authorized and properly protected by a firewall or other appropriate security device(s).
- The Internet does not guarantee the privacy and confidentiality of information. Sensitive material transferred over the Internet may be at risk of detection by a third-party. Employees must exercise caution and care when transferring such material in any form.
- Unless otherwise noted, all software on the Internet should be considered copyrighted work. Therefore, employees are prohibited from downloading software and/or modifying any such files without determining their obligations under the license agreement.
- Any infringing activity by an employee may be the responsibility of the Department. Therefore, the Department may choose to hold the employee liable for their actions.

Department Policy regarding Computer Viruses

A computer virus is a parasitic program written intentionally to alter the way a computer operates without the user's permission or knowledge. Most Department PC's are equipped with anti-virus software. This software will automatically identify and disinfect most common viruses. In order to ensure that further damage is not done, only qualified personnel will attempt to remove viruses that are detected but not disinfected by the anti-virus software.

- Under state law, N.C. Gen. Stat. §14-455, it is a felony to intentionally infect a computer with a computer virus.
- Employees shall report all computer viruses that the anti-virus software fails to detect or disinfect to their Data Security Coordinator. The full cooperation of all users is required during investigations and clean up operations.
- Employees are not allowed to attempt to remove viruses with any other software product.
- Employees are not allowed to remove or change the setup of the anti-virus software that is installed on their computers.

Department Policy regarding Computer ID's

All computer ID's, personal identification numbers (PIN's), or tokens, regardless of the associated hardware platform, are considered to be state property that has been issued to the employee. The employee is responsible for the use of any ID's and for any hardware or software devices associated with the ID.

- Computer ID's are assigned to employees. The employee is accountable for all activity carried out with their ID's.
- Employees are not allowed to share their ID's with other users or to borrow an ID from someone else.
- All employees are responsible for choosing passwords that are difficult to guess and for ensuring that their passwords are kept secret and not revealed to anyone.

Department Policy regarding Computer Ethics

- Employees shall take appropriate action in regard to any illegal or unethical practices that come to their attention.
- As a person who owns or who is responsible for information, always make sure that the information is reasonably protected and that ownership of it and rights to it are clear to all users.
- As a person who uses information, always assume it is owned by others and their interests must be protected unless you explicitly know it is public or you are free to use it in the way you wish.

Administrative Requirements

All permanent and temporary employees including contractors who use the Departments Information Technology resources should read and sign the Statement of Understanding. The form should be stored in the employee's personnel file. A copy of the original may be made and given to the employee. Additional copies may be obtained from the DOT and DMV Supply rooms. Field units may request copies via the mainframe application "PFHA". **For more information contact the Management Assessment Unit at 919-715-2329.**

I have read the Statement of Understanding Regarding Use of Computers and Information Technology Resources by Department of Transportation Employees and agree to abide by it as consideration for my continued employment by the Department. I understand that violation of any of these policies may result in my dismissal.

Signature

Date

(Form No. 61-03451)



STATE OF NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION

MICHAEL F. EASLEY
GOVERNOR

1501 MAIL SERVICE CENTER, RALEIGH, N.C. 27699-1501

LYNDO TIPPETT
SECRETARY

February 9, 2001

MEMORANDUM

TO: All EMPLOYEES

FROM: Lyndo Tippet

SUBJECT: Policy and Procedures on Internet and E-mail Usage

The Department of Transportation's Policy and Procedure on the Internet and E-Mail usage is attached. Please read this policy carefully and be aware of DOT's position in the use of these state-owned business tools.

We depend on you to use these business tools in a responsible and professional manner at all times. We have a responsibility to our department, to the State, and the citizens of North Carolina not to abuse or misuse this technology for personal satisfaction or gain.

It is a granted privilege to be able to access the E-Mail and Internet. Our department possesses the technical capability to retrieve and review communications and Internet access information. This information can be retrieved even though it has been deleted from your individual system. Do not jeopardize your privilege to access these systems or your job by misusing these business tools. There will zero tolerance for any abuse of them.

Each manager will verbally review this policy with each staff member and all DOT consultants. Failure to comply with this policy will result in disciplinary action and possible dismissal. In addition, I am requesting that all managers and our Human Resources Office to include this policy as part of the new employee orientation process.

If you have questions regarding this policy, please discuss it with your immediate supervisor.

Attachment
LT:rh

North Carolina Department of Transportation

The Internet and E-mail Policy and Procedures

I. SCOPE AND APPLICABILITY

As a supplement to and in conjunction with the Statement of Understanding Regarding Use of Computers and Information Technology Resources, this policy and procedure provides clear and concise guidelines for use of the Internet and E-mail.

This policy and procedure applies to all NCDOT employees, contractors, or any others who may have access to NCDOT computing systems. Computing systems include, but are not limited to host computers, file servers, workstations, stand-alone computers, laptops, and internal and external communication networks.

II. Policy

The use of the computer to access the Internet is a privilege, not a right. NCDOT encourages the use of the Internet and E-mail by its employees in the performance of their duties and will strive to make these available to them for the performance of their duties. Inappropriate usage, including any violation of the conditions and rules stated below, will result in cancellation of this privilege. NCDOT will determine the appropriate use and may restrict access and/or deny, revoke or suspend an employee's use of the Internet and/or E-mail at any time based upon a determination that acceptable usage has been violated. Employees are expected to use these resources responsibly and professionally and will make no intentional use of these resources in an illegal, malicious or obscene manner (or in any way, which serves to promote a negative image of NCDOT) or is inconsistent with NCDOT objectives. Privacy is not guaranteed with the use of a password any may be overridden by the agency.

III. Provisions Governing Internet and E-mail Usage

A. Appropriate Use of the Internet and E-mail

While on the job or while using a state-owned or state provided computing systems, all users are expected to use the Internet and E-mail responsibly and professionally. The unit head (i.e., Division Engineer, Resident Engineer, Unit Manager, etc.) will ensure that all users are informed of the administrative procedure for the use of the E-mail, Internet and other communication tools. Any user identified as a security risk will be denied access to the Internet and E-mail.

Acceptable usage of computing systems is defined by the following rules:

1. The use of all telecommunication and computer systems and resources must be in support of NCDOT activity and consistent with NCDOT objectives. Accessing other state agencies' web pages (i.e., OSP, Retirement, etc.) is allowable.
2. All computing systems and resources (including, but not limited to the Internet, E-mail, etc.) and all communication and information transmitted by, received from, or stored in NCDOT computer systems are property of NCDOT. These communications are to be used for job-related purposes.
3. Transmission of any material in violation of any state or federal law is prohibited. This includes, but is not limited to, threatening or obscene material.
4. Usage of any computing system or resource for commercial activities, private business, or for product advertisement is prohibited.
5. Usage of any computing system or resource for political lobbying is prohibited.
6. Usage of any computing system or resource to create, process or disseminate information such as "hate" mail, harassing or discriminatory remarks, pornography and/or other inappropriate information is prohibited.

Special Provisions for Internet Usage

1. Accuracy of Disseminated Information

All employees have a responsibility to make sure that all public information disseminated via the Internet is accurate.

2. Monitoring Usage of the Internet

The unit head may monitor the employee's use of the Internet and may also request an independent reviewer (i.e., IST) to monitor the unit's use of the Internet.

C. Special Provisions for E-mail Usage

1. All E-mail accounts shall be used only by the authorized user.
2. Employees are cautioned that E-mail messages may be misinterpreted as a more formal communication than the sender intended and that care should be taken in their intent and composition. Employees should follow the same standards as used with other forms of correspondences. All E-mail messages and responses will follow accepted E-mail etiquette, including being courteous and using appropriate language.
3. E-mail transmissions with the NCDOT system shall not be considered confidential and may be monitored at any time by request of the unit head/supervisor or by a designated NCDOT staff (i.e., IST, Management Assessment).
4. Consistent with North Carolina General Statutes Chapter 132-1, the contents of E-mail messages "made or received pursuant to law or ordinance in connection with the transaction of public business" are a public record and are subject to inspection unless specifically exempted by statute or judicial interpretation. Creators or recipients of E-mail messages may be required to allow such inspection of messages in their custody. Furthermore, the department will treat information such as E-mail system usage or message destinations as a public record subject to inspection.
5. All files downloaded from an external source must be scanned for viruses. This includes files obtained as E-mail attachments and by any other file transfer mechanism. It is the responsibility of all employees to prevent the introduction or propagation of viruses. Should an incoming E-mail appear suspicious or if the sender is not recognized, do not open it. Delete the E-mail without opening.
6. The unit head may monitor the employee's use of E-mail and may request an independent reviewer (i.e., IST) to monitor the unit's use of E-mail.

IV. Violations of Policy and Discipline for Inappropriate Use

The rules in the *Provisions Governing Internet and E-mail Usage* do not constitute an exhaustive list. Violations may result in removal of access to the Internet or E-mail and to other shared computing systems or resources. In addition, violations may result in disciplinary action up to and including dismissal. Violations, which constitute a criminal offense, will lead to dismissal.

V. Administrative Requirement for the Use of NCDOT's Technology

All permanent and temporary employees, including contractors, who use the NCDOT's Internet access and E-mail systems must read and sign this document.

I have read and do understand this NCDOT policy on the Internet and E-mail Usage. I also understand that if I violate this policy it may be grounds for disciplinary action against me up to and including dismissal.

User's Signature

Date

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION

OVERTIME COMPENSATION AGREEMENT FOR FIELD EMPLOYEES
(EXCEPTION TO THE WAGE & HOUR LAW)

It has been explained to me, and I understand that it is the policy of the State of North Carolina to give overtime compensation in the form of compensatory time off, rather than in monetary compensation, wherever possible. It has been explained to me, and I understand that the decision to give either compensatory time off or monetary compensation is a decision to be made by management, and is not my choice. I understand that acceptance of these policies is a pre-condition of my employment with the North Carolina Department of Transportation.

Employee Signature

Date

WHR/2001

SECONDARY EMPLOYMENT

Updated 10/25/07

Purpose

The employment responsibilities to the State are primary for any employee working full-time; any other employment in which that person chooses to engage is secondary. An employee shall have approval from the agency before engaging in any secondary employment. The purpose of this approval procedure is to determine that the secondary employment does not have an adverse effect on the primary employment and does not create a conflict of interest. (i.e., a conflict between the private interests and the official responsibilities of the employee) These provisions for secondary employment apply only to non-State sources of income and do not include a second job or assignment paid from State funds; those conditions are covered by the policy on Dual Employment.

Secondary employment shall not be permitted when it:

- Creates either an actual or perceived conflict of interest, or the potential for a conflict of interest, with the primary employment.
- Impairs in any way the employee's ability to perform all expected duties, to make decisions, and carry out in an objective fashion the responsibilities of the employee's position.
- Involves the use of State equipment, facilities, resources, technology or work hours.

Submission of Request

An employee shall submit a completed Request for Secondary Employment form for Branch/Unit/Division/Section Head approval prior to engaging in secondary employment. The completed secondary employment request form shall include the following:

A. Contents of Request

1. A description of the nature of the work or activity.
2. A description of the employer's business and name of the business, or if self-employed, the nature of the employee's business. If a co-owner of a business, the name of the co-owner(s) and whether the co-owner(s) is a current state employee or does business with the State and of what state agency or university.
3. If self-employed, the names and addresses of proposed clientele, unless such disclosure would violate a statutory client privilege or a professional code of ethics. In cases where client

confidentiality is necessary, the employee shall provide non-identifying client information sufficient to enable management to determine whether there would be a conflict with the primary employment.

4. The expected schedule and number of hours worked per week and the anticipated duration of the employment.
5. Other relevant information deemed necessary by agency management to render a fair and informed decision on the request.

The request shall be submitted through supervisory channels for review and action by the Branch/Unit/Division/Section head.

B. Approval/Disapproval

The decision to approve or disapprove the request shall be given to the employee in writing within 15 calendar days of receipt of the secondary employment request.

Approval

An approved request shall specify any conditions or approved requirements associated with the approval. In the case of self-employment activity, the employee is required to give advance notice of and secure approval for work for individual clients if there is potential for conflict of interest. The Branch/unit/Division/Section head is responsible for reviewing the approved secondary employment form upon promotion, transfer, or changes in the employee's classification. An employee is responsible for immediately notifying his/her supervisor of any changes in secondary employment activities.

Disapproval

Disapproval or discontinuation of secondary employment by a Branch/Unit/Division/Section head shall include the specific reason(s) for the disapproval or discontinuation. The Branch/Unit/Division/Section head's decision shall be final. Denial or discontinuation of secondary employment is not grievable under the department's employee grievance policy.

C. Questions

The Branch/Unit/Division/Section heads are responsible for ensuring compliance with this directive. Questions about whether an employee's secondary employment has potential for conflict of interest shall be forwarded in writing to the Human Resources Director for consideration.

The Branch/Unit/Division/Section head shall prepare a written statement of concern which shall include the respective employee's attached secondary employment request form. The Human Resources Director

shall seek the review of the State Personnel Director when a secondary employment request has potential for conflict of interest.

Violations/Noncompliance

Failure to comply with the Secondary Employment policy or abuse of this privilege constitutes a violation of the Secondary Employment request. The approval of this privilege may be revoked. In addition, a violation of this policy shall be considered unacceptable personal conduct as outlined in the Disciplinary Action, Suspension and Dismissal Policy and may be grounds for disciplinary action, up to and including dismissal.

Employee's Responsibility

It is the employee's responsibility to complete a secondary employment form for all employment that is paid from non-State sources of income, to update the form as changes occur (e.g., new position, new employer, discontinuation of employment, etc.).

The Human Resources Office will not receive a copy of the approval. Forms are to be maintained in the Division/Section except for those identified in the section titled Submission of Request.

Note: The secondary employment form may be printed from the DOT web page.

NORTH CAROLINA DEPARTMENT OF TRANSPORTATION SECONDARY EMPLOYMENT POLICY DECLARATION

This form is to be completed by all employees of NCDOT. However, new hires and State employee transfers should complete this form during orientation or on the effective date of transfer.

1. Have you read the attached Secondary Employment Policy?

_____ Yes _____ No

2. Are you presently in compliance with this Policy?

_____ Yes _____ No _____ Unsure

If you answered 'no' or 'unsure,' please provide an explanation.

3. Are you presently engaged in secondary employment?

_____ Yes _____ No

If you answered 'yes,' please provide an explanation.

I, _____, affirm that I will abide by the principles of the Secondary Employment Policy.

Date

Signature

**NC DEPARTMENT OF TRANSPORTATION
REQUEST FOR SECONDARY EMPLOYMENT**

EMPLOYEE INFORMATION

Employee Name (Last, First, MI)		Title
Division	Work Unit	Contact Number

DETAILS OF PROPOSED SECONDARY EMPLOYMENT

Employer Name and Address		Telephone Number
Location of Employment	Proposed Start Date	Proposed Schedule and # of scheduled hours per week
Nature of Work		

Does the Department of Transportation have any connection with the proposed secondary employment?
Yes ☐ No ☐ *If yes, please provide details.*

Does a State board or agency license regulate the proposed employer?
Yes ☐ No ☐ *If yes, please provide details.*

Is there an actual or perceived conflict of interest, or potential for conflict of interest, with your present employment with the Department of Transportation and this secondary employment?
Yes ☐ No ☐ *If yes, please provide details.*

Do you have a financial interest in the business?
Yes ☐ No ☐

If self-employed, please provide names and addresses of proposed clientele on an attached sheet.

If necessary, attach additional pages to more fully answer these questions. Also, you should be familiar with policies of the Department and your employing division regarding secondary employment.

Employee Signature _____	Date _____
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As immediate supervisor, I do ☐/do not ☐ recommend the approval of this request.

Supervisor's Signature _____	Date _____
------------------------------	------------

As Branch/Unit/Division/Section Head, I do ☐/do not ☐ recommend the approval of this request.

Branch/Unit/Division/Section Head Signature _____	Date _____
---	------------

As State Personnel Director, I do ☐/do not ☐ recommend the approval of this request.

State Personnel Director's Signature (if required) _____	Date _____
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STATE OF NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION

MICHAEL F. EASLEY
GOVERNOR

1501 MAIL SERVICE CENTER, RALEIGH, N.C. 27699-1501

LYNDO TIPPETT
SECRETARY

February 9, 2001

MEMORANDUM TO: ALL NCDOT EMPLOYEES
FROM: Lyndo Tippet
SUBJECT: Use of Safety Belts

As you are aware, the Department of Transportation plays an important role in keeping the traveling public safe on our roadways. This is a responsibility that is shared by every DOT employee and includes setting a good example for others.

You are reminded that it is not only the policy of DOT, but also the law to use safety belts. The Department has made great strides with programs such as "Click It or Ticket" in helping motorists stay safe. The same applies to DOT employees. I expect you to wear your safety belts at all times while you are operating or are a passenger in a state vehicle. Your life may depend on it.

I encourage all managers and supervisors to emphasize to employees that the failure to use safety belts is now considered a conduct issue and to take appropriate action to ensure that safety belts are used consistently in DOT. Future violations of this safety rule could result in disciplinary action up to and including dismissal.

Let's all keep safety foremost in our minds at all times.

LT:rh

NCDOT
Acknowledgment of Receipt
Controlled Substances Abuse & Alcohol Misuse
Standard Policy & Procedure

NOTICE:
THIS IS AN IMPORTANT DOCUMENT. DO NOT DISCARD!
THIS FORM MUST BE COMPLETED AND RETURNED TO YOUR SUPERVISOR

EMPLOYEE INFORMATION: (Please print)

Name (First M.I. Last)

Social Security Number

Job Classification:

Supervisor's Name:

Division/Unit

County Assigned:

I have been provided with a copy of the NCDOT Policy and Procedures on Controlled Substances Abuse and Alcohol Misuse.

I have read and understand the types of testing that I am subject to as well as the consequences of testing positive for either controlled substances or alcohol.

Signature (please use black or blue ink)

Date

Instructions:

1. Supervisors provide a copy of the Department Policy on Controlled Substances Abuse and Alcohol Misuse to each employee.
2. Supervisors will assist employees with any questions.
3. Employees are to sign this form and return it to their supervisor within 5 working days.
4. Supervisors will collect all signed acknowledgment forms and forward them to the Division/Unit Head or their designee.
5. Division/Unit Heads will maintain a copy at the Division/Unit level.

SMOKING POLICY

PURPOSE

The purpose of this policy is to provide smokers and non-smokers equal protection within the North Carolina Department of Transportation (NCDOT).

This policy has been established to comply with Article 64 of Chapter 143 of the NC General Statutes: "Smoking in Public Places."

POLICY

It is the policy of the NCDOT to provide equal rights to all employees with regard to smoking in the workplace. NCDOT will establish provisions for smokers and non-smokers to ensure all employees' rights are recognized. The decision to designate smoking and non-smoking areas is a management decision and is not grievable under the Department's grievance procedures.

Smoking will be strictly prohibited within NCDOT owned or leased buildings and vehicles statewide. Smoking means the use of a lighted cigarette, lighted cigar, lighted pipe, or any other lighted tobacco product.

Designated smoking areas will be established outside that are reasonably accessible to all employees. Such areas will have signs clearly posted to designate the smoking area.

Each Division Director is to ensure that all employees are aware of this policy. Each Division Director of a facility shall have signs made and posted to create visible awareness of the building's smoking areas.

Each Division Director, Manager and Supervisor will have enforcement responsibility within their workforce. Any violations of this policy will follow normal disciplinary procedures as they relate to personal conduct.

Revised 10/10/06



STATE OF NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION

MICHAEL F. EASLEY
GOVERNOR

LYNDO TIPPETT
SECRETARY

March 1, 2001

North Carolina Department of Transportation Workplace Violence Policy Statement

It is the intent of the North Carolina Department of Transportation to provide a workplace for employees that is free from violence by establishing preventive measures, holding perpetrators of violence accountable and by providing assistance and support to victims. It is with this commitment in mind that this policy is developed and will be enforced.

The North Carolina Department of Transportation will not tolerate violent behavior or the threat of violent behavior directed at clients, customers, co-workers, staff, supervisors, managers or any other person at the worksite or in any state-owned/rented vehicle. Neither will such behavior be tolerated against the worksite or any state-owned/rented property. Such behavior will result in corrective and/or disciplinary action and potentially, criminal charges.

Workplace Violence includes, but is not limited to, intimidation, threats, physical attack, and domestic violence or property damage.

Possession of a weapon of any type at the worksite or in a state-owned/rented vehicle is strictly prohibited. This includes possession in a privately owned vehicle driven onto state-owned/rented property. Any violation of this policy will result in corrective action and/or disciplinary action and potentially, criminal charges.

All employees, including managers and supervisors, shall report any acts of violence, threatening behaviors, or other violations of this policy immediately to (a) immediate supervisor, or (b) next level of management if supervisor is the alleged perpetrator, or (c) Human Resources Representative. Each report will be promptly investigated.

I understand that violations of the Workplace Violence Policy are considered unacceptable personal conduct and will result in disciplinary action up to and including dismissal.

Secretary of the
Department of Transportation

Employee Information:

NAME

SOCIAL SECURITY NUMBER

JOB CLASSIFICATION

DIVISION/UNIT

I have read the above statement and understand that, as an employee of the North Carolina Department of Transportation, I am subject to the Workplace Violence Policy.

Signature

Date

January 1, 2008

EQUAL EMPLOYMENT OPPORTUNITY POLICY STATEMENT

In compliance with the EEO Policy of the State of North Carolina, it is the policy of the Department of Transportation to afford equal employment opportunities for all persons regardless of race, color, national origin, creed, religion, sex, sexual orientation, age, disabling condition or political affiliation, except where sex, age, or physical requirements are bona fide job related employment requirements. This includes, but is not limited to the following:

1. Recruitment and selection of new employees of the State,
2. Selection of employees for promotion, training, career development, transfer, demotion for fiscal purposes, and/or reduction in force.
3. Administration of disciplinary policies and grievance procedures or termination for cause, and
4. Establishment of rates of pay including the awarding of salary adjustments and/or annual salary increases.

It is further the policy of the Department of Transportation to assure complete compliance with all provisions of Title VII of the Civil Rights Act of 1964 as amended, Executive Order 11246, as amended, the Law Enforcement Act of 1971, the Rehabilitation Act of 1973, the Civil Rights Restoration Act of 1988, the Americans with Disabilities Act of 1990, the Civil Rights Act of 1991, N.C.G.S. Section 12616 as amended, and other applicable federal and State laws. However, grievances concerning discrimination based upon sexual orientation may only be processed by the Department's internal unlawful workplace harassment grievance procedures.

Equal employment opportunity as to age applies only to persons who are age 40 or over. The Department forbids employment discrimination on the basis of age for these persons.

The Department of Transportation prohibits harassment, (based on race, national origin, religion, creed, sex, sexual orientation, age, color or disabling condition) and/or retaliatory action of any kind taken by any employee of the Department of Transportation against any other employee or applicant for employment because that person made a charge, testified, assisted or participated in any manner in a hearing, proceeding or investigation of employment discrimination.

The Department of Transportation's commitment to equal career opportunity requires responsibility and accountability at every supervisory level to assure that personnel policies and practices will guarantee equal opportunities for all qualified individuals within the Department.

Equal employment opportunity for disabled persons includes the making of a reasonable accommodation to the known physical limitations of a qualified disabled applicant or employee who would be able to perform the essential duties of the job if such accommodation is made. The Department is committed to make such adjustments for the known limitations of otherwise qualified disabled applicants and employees, unless it can be demonstrated that a particular adjustment or alteration would impose an undue hardship on the operation of the agency.

The Equal Employment Opportunity program will be evaluated and monitored continuously. Periodic reports on the progress of this program will be presented to the Secretary of the Department of Transportation by the Human Resources Director.


Secretary of the Department of Transportation

Questions or comments concerning this policy should be referred to:

Human Resources Director
NC Department of Transportation
1517 Mail Service Center
Raleigh, North Carolina 27699-1517

NORTH CAROLINA
DEPARTMENT OF
TRANSPORTATION

EEO Contacts At a Glance

● Grievances may be filed with:
NCDOT Human Resources Director
1 S. Wilmington Street
Transportation Building
1517 Mail Service Center
Raleigh, NC 27699-1517

● Petitions for contested case hearings
may be filed with:
Office of Administrative Hearings
6714 Mail Service Center
Raleigh, NC 27699-6714

● A copy of the petition must also be served
on NCDOT to:
Process Agent
1 S. Wilmington Street
Transportation Building
1501 Mail Service Center
Raleigh, NC 27699-1501

● Procedural questions may be addressed to:
NCDOT EEO/Affirmative Action Manager
Philip Bickham
1517 Mail Service Center
1 S. Wilmington Street
Raleigh, NC 27699-1517
or call (919) 733-9260 ext. 213

NCDOT EEO/Affirmative Action Specialists
George Nixon or Gina Dean
1517 Mail Service Center
1 S. Wilmington Street
Raleigh, NC 27699-1517
or call (919) 733-2984

Michael F. Easley
Governor

Lyndo Tippet
Secretary of Transportation



NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION

EEO/Affirmative Action Manager
1517 Mail Service Center
1 S. Wilmington Street
Transportation Building, Suite 362
Raleigh, NC 27699-1517
(919) 733-9260 ext. 213

NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION

YOUR GUIDE TO **EQUAL EMPLOYMENT OPPORTUNITY**

AND TITLE VII OF THE CIVIL RIGHTS
ACT OF 1964, AS AMENDED





EQUAL EMPLOYMENT OPPORTUNITY POLICY STATEMENT

In accordance with the Equal Employment Opportunity Policy of the State of North Carolina, it is the policy of the N.C. Department of Transportation (NCDOT) to afford equal employment opportunities to all persons regardless of race, color, national origin, creed, religion, gender, disability, political affiliation or sexual orientation except where gender, age or physical requirements are legitimate job-related employment requirements. This includes, but is not limited to, the following:

1. Recruitment, including advertising or solicitation for employment;
2. Selection, hiring, upgrading, transfer, promotion, demotion, termination and/or reduction in force;
3. Treatment during employment, including disciplinary and grievance procedures;
4. Evaluation of work performance;
5. Rates of pay or other forms of compensation; and
6. Selection for training, including trainee, intern and apprentice.

NCDOT also prohibits harassment based on race, color, national origin, creed, religion, gender, age, disability, sexual orientation and/or retaliatory action of any kind taken by any employee of NCDOT against any other employee or applicant for employment because that person filed a charge, testified, assisted or participated in any manner in a hearing, proceeding or investigation of employment discrimination.

What is Title VII of the Civil Rights Act of 1964?

Title VII of the Civil Rights Act of 1964, as amended, is a federal law and it covers all public and private sector employers employing at least 15 employees. Title VII prohibits discrimination in employment on the basis of race, color, national origin, gender or religion. It has been supplemented with legislation prohibiting pregnancy, age and disability discrimination. The Act also prohibits retaliation in the form of adverse action taken against an individual or group because of opposition of discriminatory practices, participation or assistance, in any way, in a charge, investigation or proceeding involving discrimination. The Equal Employment Opportunity Commission (EEOC) is the federal agency in charge of enforcing Title VII.

What is the definition of discrimination?

Discrimination under Title VII of the Civil Rights Act of 1964 is the intentional or unintentional act of treating individuals or a group of persons differently or unfairly solely on the basis of race, color, national origin, creed, religion, gender, age or disabling condition.

Who may file a grievance, petition and/or complaint alleging discrimination and/or retaliation?

A grievance, petition and/or complaint may be filed by a current or former employee, as well as an applicant who believes he/she has been discriminated or retaliated against due to race, color, national origin, creed, religion, gender, age or disability.

How do you file a grievance, petition and/or complaint alleging discrimination?

A grievance, petition and/or complaint may be filed in the following ways:

1. A grievance may be filed in accordance with NCDOT's internal grievance procedure. The grievance must be filed within 15 calendar days from the act of discrimination. The grievant must submit the grievance in writing to:

NCDOT Human Resources Director
1 S. Wilmington Street
Transportation Building
1517 Mail Service Center
Raleigh, NC 27699-1517

2. A petition for a contested case hearing may be filed directly with the Office of Administrative Hearings (OAH), pursuant to G.S. 150-23.

Office of Administrative Hearings
6714 Mail Service Center
Raleigh, NC 27699-6714

The petitioner alleging illegal discrimination and/or retaliation has the right to bypass NCDOT's internal grievance procedure and file directly with OAH within 30 calendar days after the date of the act of discrimination. The petitioner must also serve NCDOT's Process Agent a copy of the petition by personal delivery or by certified or registered mail, return receipt requested to:

NCDOT Process Agent
1 S. Wilmington Street
Transportation Building
1501 Mail Service Center
Raleigh, NC 27699-1501

3. A complaint may be filed with the Equal Employment Opportunity Commission (EEOC), under Title VII or the Civil Rights Division of the Office of Administrative Hearings within 180 days of the alleged discriminatory or retaliatory action.

If you have procedural questions regarding the filing of a grievance, petition and/or complaint, or you would like additional information regarding NCDOT's Equal Employment Opportunity Policy, you should contact:

NCDOT EEO/Affirmative Action Manager
Philip Bickham
1517 Mail Service Center
1 S. Wilmington Street
Transportation Building, Suite 362
Raleigh, NC 27699-1517
or call (919) 733-9260 ext. 213

NCDOT EEO/AA Specialists
George Nixon or Gina Dean
1517 Mail Service Center
1 S. Wilmington Street
Transportation Building, Suite 360
Raleigh, NC 27699-1517
or call (919) 733-2984



STATE OF NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION

MICHAEL F. EASLEY
GOVERNOR

1501 MAIL SERVICE CENTER RALEIGH, N.C. 27699-
1501

W. LYNDY TIPPETT
SECRETARY

January 1, 2008

UNLAWFUL WORKPLACE HARASSMENT POLICY

The policy of the Department of Transportation is that no state employee may engage in speech or conduct that is defined as unlawful workplace harassment as indicated below. All current or former state employees are guaranteed the right to work in an environment free from unlawful harassment and retaliation.

DEFINITION:

The State defines unlawful workplace harassment as unwelcomed or unsolicited speech or conduct based upon race, sex, sexual orientation, creed, religion, national origin, age, color, or disabling condition as defined by GS.168 A-3 that creates a hostile work environment or circumstances involving quid pro quo.

PROCEDURE:

Any former employee, full-time or part-time employee with either a permanent, probationary, trainee, time-limited permanent or temporary appointment who feels that he/she has been unlawfully harassed in the workplace must do the following:

- (1). Submit a written complaint to the Human Resources Director within 30 calendar days of the alleged harassing action.
- (2). Agency must respond with appropriate remedial action in writing within 60 calendar days from receipt of written complaint. If not satisfied with the Human Resources Director's decision, or if the Director doesn't render a decision within 60 calendar days from date complaint is received, the complainant may appeal directly to the Office of Administrative Hearings and the State Personnel Commission within 30 calendar days.

If a final written decision is provided to the complaint prior to the 60 day expiration period as allowed by State's Unlawful Workplace Harassment Prevention Policy and Rules, the Department of Transportation (DOT) waives its right to make another of different determination. A notice of Final Agency Decision and Waiver and an Acknowledgement of Waiver will be completed in order to facilitate the process.

Note: An individual with a grievance concerning a denial of employment, promotion, training, or transfer, or concerning a demotion, layoff, transfer or termination due to discrimination based on age, sex, race, color, national origin, religion, creed, political affiliation or disabling condition as defined by G.S. 168A-3, or a grievance based on retaliation for opposition to alleged discrimination may still appeal directly to the Office of Administrative Hearings and the State Personnel Commission.

Note: Complainants may file a simultaneous complaint under Title VII with the Equal Employment Opportunity Commission (EEOC).

Note: Applicants, while not covered under the State statute (SB78), are covered under other State and Federal Civil Rights Acts.

A prompt and impartial investigation will be made of all cases alleging unlawful workplace harassment based on presented facts surrounding the misconduct. Any interference, coercion, restraint or reprisal of any person complaining of unlawful workplace harassment is prohibited.

Secretary of the Department of Transportation

Questions or comments concerning this policy should be referred to:

Human Resources Director
NC Department of Transportation
1517 Mail Service Center
Raleigh, North Carolina 27699-1517



STATE OF NORTH CAROLINA DEPARTMENT OF TRANSPORTATION

NEW EMPLOYEE PRE-ARRIVAL CHECKLIST

WORKING FOR NCDOT

Congratulations and welcome to the North Carolina Department of Transportation (NCDOT)! You've made a wise decision to join one of the most vital areas of state government service - Transportation. In addition, you have joined the largest employer in North Carolina – State Government.

As a state government agency, the North Carolina Department of Transportation's Mission is connecting people and places in North Carolina - safely and efficiently, with accountability and environmental sensitivity. Our goals are making our transportation network safer, making it move people and goods more efficiently, making our infrastructure last longer, making our organization a place that works well, and making NCDOT a great place to work.

Whether you are entering state government for the first time, transferring from another state agency or returning from a break in service, **NCDOT.org** offers important information that you need to know in order to make a successful transition into NCDOT.

What to bring

To help you through the orientation process and to be fully prepared, please review ***your enclosed New Employee Orientation Packet*** and bring it with you as you report to work. You will need to bring with you to orientation, two forms of ID to complete the Eligibility Verification Form (I-9) and your direct deposit within 3 days of hiring.

- ❑ **Two forms of ID** - Documents that establish both identity and employment eligibility. Verification of United States Citizenship is required for employment with NCDOT. You must bring acceptable documents for proof of citizenship. Required items may include Drivers License; Passport (expired o.k.); Birth Certificate, or Citizenship Naturalization papers.
- ❑ **Bank account information** - Voided check or deposit slip for Mandatory Direct Deposit.
- ❑ **Employee to Create NCID** – Instructions are included in your new employee packet. This will be a requirement for payroll purposes.

What to expect your first day at work

Your first day at NCDOT starts with your Supervisor.

- ❑ Official Welcome to NCDOT
- ❑ Proceed to New Employee Orientation/Safety Orientation

Basic information to know:

- ❑ Permanent Employees contribute 6% of their salary into the Teachers' and State Employees' Retirement System.
- ❑ You are vested after 5 years in the Retirement System.
- ❑ Insurance is effective the 1st of the month following your hire date.
- ❑ Probationary period is typically 3 to 9 months. Career status obtained –2 years.
- ❑ Performance appraisals – a written appraisal is conducted annually.
- ❑ Alternate Work Schedules are available – consult your manager/supervisor for details/approval
- ❑ Know the address and phone number of your work location.
- ❑ Directions/Map to your work location
- ❑ Where to go for orientation and how to get there.
- ❑ Time to report to work, where to check in, and who to contact when you arrive.

- ❑ **Paydays.** A pay period covers two full weeks or 80 hours for full-time employees. Each pay period begins on a Saturday and ends 14 days later on Friday. There are typically 26 pay periods in a year. As a new employee you will receive a paycheck upon completion of your second pay period from your start date.

- ❑ **Direct Deposit.** Employees are paid through direct deposit and pay stubs are available through ESS. Employees are required to utilize direct deposit when getting paid; new employees must complete a payroll direct deposit authorization form. Pay is electronically deposited to your financial institution each payday.
- ❑ **Employee Shared Services:** Provides access to your personal information regarding payroll/benefits. You will receive your Beacon Card in the near future.

QUICK CONTACTS:

DOT Policy, Types of Leave or Salary Concerns –HR Salary Administration or contact your local Administrative Office	(919) 733-2984 NCDOT.ORG
Hospital & Medical Insurance (State Health Plan) Disability, Payroll and Optional Plans	1-800-422-4658 (919)733-3624 www.statehealthplan.state.nc.us
Drug Policy, Employee Assistance, Harassment, Grievances: Local Employee Relations Representative	NCDOT.ORG (919) 661-4803
Retirement Questions or Concerns	(919) 733-7684 or (1-877-627-3287) or locally (919) 807-3050 NCTREASURER.COM
Best Shared Services	mybeacon.nc.gov ncid.nc.gov
NCFlex	1-800-252-0972

	www.ncflex.org .)
Safety Issues: Contact your local Safety Officer or Safety & Loss Control Unit.	NCDOT.ORG (919) 250-4200



STATE OF NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION

MICHAEL F. EASLEY
GOVERNOR

LYNDO TIPPETT
SECRETARY

Date

Name
Street/PO Address
City, State Zip

Welcome, Name!

This letter is a confirmation of the offer of employment as a **Job Title, Position Number** _____, with the Department of Transportation within the **Unit/Section** located in **City**, NC.

This position is a **Pay Grade** ____ with an **annual salary of \$**_____. If you accept this position, your effective date of employment is scheduled as discussed per our phone conversation to be **effective** _____. **Please report to my office Monday, _____ at _____ A.M.**

Enclosed please find your New Employee Packet. This packet includes topics that will be discussed at Orientation. **Please review your pre-arrival checklist which includes two forms of ID** (items may include Drivers License; Passport; Social Security Card; Birth Certificate, or Citizenship Naturalization documents) to ensure that you are prepared for your first day of work.

If you have additional questions, please contact _____ at _____. Please feel free to visit www.ncdot.org and click on careers to view our benefits information.

Cordially,

Supervisor/Director
Title

North Carolina Department of Transportation

New Employee Orientation Guide

<p>Phase I – Pre-Employment Supervisor's Initial Contact Notification of Approval to Hire or Receive a Transferring Employee</p>
--

Employee Name _____

Position Title/ Work Location _____

☐ **Applicant Contacted** by phone to offer position. Give applicant a deadline and phone number to respond. (Use "Acceptance" letter as guide.)
Deadline to respond: _____

☐ **Employee Position Information:** Title, Salary, Work Schedule, Job Requirements (CDL, etc.) (Refer to DOT Website)

☐ **Verbal Offer Accepted** ☐ **Verbal Offer Declined**

☐ **Pre-Employment Drug Test Information (if Applicable)**

☐ **Verification of Mailing address** _____

☐ **Mail "Confirmation of Employment" letter and New Employee packet.**
(To be done no later than the end of the following business day in order for employee to receive information prior to reporting date). Verify mailing address/Refer to Example of "Acceptance" letter and ask employee to review policies and procedures and bring Orientation packet to scheduled orientation.

☐ **Setup "New Employee Alert Process"** (Inform IT/Facility Staff of New Employee Arrival and access needs.

- ☐ Email Access
- ☐ SAP
- ☐ Phone System / Voice Mail
- ☐ RACF
- ☐ ID Badge Form
- ☐ Directory
- ☐ Other _____
- ☐ Other _____

☐ **Employee Responsibility - Create NCID** (instructions in new employee packet)

☐ **Schedule "New Employee Orientation"**

Date _____ **Time:** _____

**Phase II – Day One
Welcome to DOT
Report to Supervisor**

7:00 - 8:30 AM **Welcome by Supervisor**

- ☐ Introduce new employee to staff and direct employee to designated workstation.
- ☐ Provide directions to location of Orientation and provide instructions on what to do at the end of Orientation.
- ☐ Advise Employee to bring Orientation Guide when they report back to supervisor.

Supervisor

Date

**Phase III – DOT Orientation Schedule
Benefits/Policies/Procedures/Safety**

8:30 AM Welcome to NCDOT (HR/Division Engineer/Director)
Welcome Message / Secretary of Transportation
DOT Mission Statement / Overview

8:45 AM **Benefits Overview/Employee Self Service (ESS)**
Health Insurance
NC Flex
DOT Optional Benefits
Optional State Benefits (401K, Deferred Compensation)
Short/Long Term Disability
Retirement

10:30 – 10:45 AM Break (**Refreshments**)

10:45 AM **General Information/Welcome Temporary Employees**
I-9
Emergency Contacts
Payroll (Tax forms, Direct Deposit, NCID, etc.)
DOT Policies/Procedures/Training
(Mandatory trng., ie., Ethics, Unlawful Harassment,
Violence in the Workplace, Customer Service, etc.)

12:00 - 1:00 PM Lunch

Phase III – DOT Orientation Schedule - Continued
Benefits/Policies/Procedures/Safety

1:00 – 1:45 PM DOT Policies/Procedures/Training Continued
(Mandatory trng., ie., Ethics, Unlawful Harassment,
Violence in the Workplace, Customer Service, etc.)

1:45 – 3:45 PM **Basic Employee Safety**

3:45 – 4:00 PM **Security ID Badge Photos**

Employee Signature _____ Date _____

Orientation Officer(s) _____ Date _____

_____ Date _____

Safety Officer _____ Date _____

Phase IV – Day Two
Supervisor's Welcome to Our Unit
Job Specific Policies/Procedures/Expectations

Turn in the following forms marked with (*) - (within **3 days** of employment)

☐ Reminder of required forms/policies

- ☐ Eligibility Verification (I-9)*
- ☐ Direct Deposit*
- ☐ Tax Forms (NC-4/W-4)
- ☐ Ethics Policy
- ☐ Telephone Usage
- ☐ Computer/Email
- ☐ Overtime Compensation
- ☐ Secondary Employment
- ☐ Drugs and Alcohol
- ☐ Violence in the Workplace
- ☐ Other

*** Condition of employment**

☐ Unit Overview/Tour

Phase IV – Day Two - Continued
Supervisor's Welcome to Our Unit
Job Specific Policies/Procedures/Expectations

☐ Review and discuss Performance Dashboard and Appraisal/Career Development Plan

☐ Review In-house specific policies:

- ☐ Work Schedule
- ☐ Work Absence Notification
- ☐ Inclement Weather Procedures
- ☐ Comp Time
- ☐ Logistics
- ☐ Other _____

☐ Equipment Issues/Requirements (if applicable)

- ☐ Cell Phones/PDA's
- ☐ Pagers
- ☐ Keys
- ☐ CDL
- ☐ Tools
- ☐ Safety Shoes
- ☐ Uniforms/Dress Codes
- ☐ Other _____

☐ Schedule/Discuss Job specific Mandatory Training (if applicable)

- ☐ SAP
- ☐ Flagger
- ☐ Beacon/NCID
- ☐ STARS/SADLS
- ☐ NCID Access
- ☐ Supervisory
- ☐ Training/Development Plan
- ☐ Other _____

☐ Introduce employee to **"Work Buddy" or Lead Worker**

☐ **Schedule One-Month Supervisor Follow-up** date: _____

☐ Supervisor to **Collect Orientation Guide from employee**

**Phase V – One Month
Supervisor FOLLOW-UP
Is Everything Okay?**

- ☐ Job Satisfaction/Concerns
- ☐ Review/Finalize Work Plan – Is it working?
- ☐ Completion of Orientation/Survey

Employee's Signature _____ Date _____

Supervisor's Signature _____ Date _____

- ☐ File in Employee Personnel File



North Carolina Department of Transportation Employee Orientation Survey

As a new or transferring employee you have completed the department's first day of orientation (Phases I through III). Over the next 30 days you will complete Phases IV and V of the orientation process.

This survey is used to help us assess the effectiveness of the orientation program and is divided into four sections. The first section focuses on general information about you and can be completed now. The focus of the second section is on today's orientation session and should be completed following its conclusion. The third section centers around your first 30 days on the job. You should not complete this section until your first 30 days have ended. The fourth and final section asks you about the orientation process overall. You should also wait until the full 30-day orientation process has been completed before filling out this section.

The survey is divided into a) questions that ask you to rate specific aspects of the orientation process and b) questions that ask for your thoughts and/or comments about employee orientation. For the rating questions you will use a 4-point scale where you indicate your level of agreement with given statements. If a statement does not apply to you, simply select the *Does not apply to me* choice. For the questions that ask for your comments, please think about these carefully and provide us with your thoughtful feedback.

I. General Information About You

1. To what NCDOT division are you assigned? _____
2. What is the complete name of the unit to which you are assigned? _____
3. Please indicate your employee status for each of the three items below:
 - a. ☐ New hire or ☐ Transfer from another NCDOT unit
 - b. ☐ Permanent or ☐ Temporary or ☐ Intern
 - c. ☐ Full time or ☐ Part time

Strongly agree	Agree	Disagree	Strongly disagree	Does not apply to me
----------------	-------	----------	-------------------	----------------------

II. The First Day of Employee Orientation

This section should be completed at the conclusion of today's orientation session.

4. The information presented gave me a high level of understanding of the NCDOT.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
5. I received all of the information I needed about my benefits to make appropriate benefits selections.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
6. Overall, I found the first day of employee orientation to be valuable to my becoming a productive NCDOT employee.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>

7. What specific parts, if any, of today's employee orientation did you find helpful?

8. What parts, if any, did you feel did not apply to you or your new position?

9. What are some things you think could be changed or added to improve the first day of employee orientation?

(The questionnaire is continued on the back. However, please complete those questions at the conclusion of your first 30 days on the job.)

Strongly agree	Agree	Disagree	Strongly disagree	Does not apply to me
----------------	-------	----------	-------------------	----------------------

III. The First 30 Days of Employee Orientation

This section should be completed at the conclusion of your first 30 days on the job.

Joining my new unit:

10. I feel welcome as a new or transferring employee to my new unit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
11. I feel I have been treated well by everyone I have had the opportunity to work with throughout the orientation process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
12. My <i>Work Buddy</i> or <i>Lead Worker</i> has been very helpful in assisting me to become fully productive in my job during my orientation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>

Safety:

13. I was provided the proper safety/personal protective equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
14. The safety training I received has fully prepared me to be safe on the job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
15. I know who to talk to if I have a question about job safety.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
16. I know the proper procedure to follow if I or a co-worker is injured on the job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>

My new job:

17. The amount of time I spent with my supervisor met my needs for learning about my new job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
18. The time spent with my supervisor has fully prepared me to be a productive NCDOT employee.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
19. I understand how to do my new job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
20. I understand what is expected of me in my new job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
21. I understand how my job contributes to my unit's mission.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
22. I understand how my job contributes to the NCDOT mission.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>

IV. Overall Orientation Process

This section should be completed at the conclusion of your 30-day orientation period.

23. Throughout my orientation, my questions have been answered.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
24. Throughout my orientation, any issues/concerns I had have been resolved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>
25. I found the first 30 days of the employee orientation process to be valuable to my becoming a productive NCDOT employee.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>

26. What questions, if any, did you have during your orientation that have not been answered?

27. What issues/concerns, if any, did you have during your orientation that have not been resolved?

28. Please share any suggestions you may have for improving the employee orientation process during the first 30 days on the job.

Thank you for your time in completing this survey!

Please return your completed survey in the attached envelope to:

NCDOT Human Resources
Attn: Employee Orientation Survey
1517 Mail Service Center
Raleigh, NC 27699-1517

Point of Contact:

If you have any questions or concerns, please contact Robin Hicks at orientation@ncdot.gov or at 919-733-2984.

North Carolina Department of Transportation

New Employee Orientation Guide

<p>Phase I – Pre-Employment Supervisor's Initial Contact Notification of Approval to Hire or Receive a Transferring Employee</p>
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Employee Name _____

Position Title/ Work Location _____

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- ☐ Phone System / Voice Mail
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- ☐ Other _____

☐ **Employee Responsibility - Create NCID** (instructions in new employee packet)

☐ **Schedule "New Employee Orientation"**

Date _____ **Time:** _____

**Phase II – Day One
Welcome to DOT
Report to Supervisor**

7:00 - 8:30 AM **Welcome by Supervisor**

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Supervisor

Date

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Welcome Message / Secretary of Transportation
DOT Mission Statement / Overview

8:45 AM **Benefits Overview/Employee Self Service (ESS)**
Health Insurance
NC Flex
DOT Optional Benefits
Optional State Benefits (401K, Deferred Compensation)
Short/Long Term Disability
Retirement

10:30 – 10:45 AM Break (**Refreshments**)

10:45 AM **General Information/Welcome Temporary Employees**
I-9
Emergency Contacts
Payroll (Tax forms, Direct Deposit, NCID, etc.)
DOT Policies/Procedures/Training
(Mandatory trng., ie., Ethics, Unlawful Harassment,
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3:45 – 4:00 PM **Security ID Badge Photos**

Employee Signature _____ Date _____

Orientation Officer(s) _____ Date _____

_____ Date _____

Safety Officer _____ Date _____

Phase IV – Day Two
Supervisor's Welcome to Our Unit
Job Specific Policies/Procedures/Expectations

Turn in the following forms marked with (*) - (within **3 days** of employment)

☐ Reminder of required forms/policies

- ☐ Eligibility Verification (I-9)*
- ☐ Direct Deposit*
- ☐ Tax Forms (NC-4/W-4)
- ☐ Ethics Policy
- ☐ Telephone Usage
- ☐ Computer/Email
- ☐ Overtime Compensation
- ☐ Secondary Employment
- ☐ Drugs and Alcohol
- ☐ Violence in the Workplace
- ☐ Other

*** Condition of employment**

☐ Unit Overview/Tour

Phase IV – Day Two - Continued
Supervisor's Welcome to Our Unit
Job Specific Policies/Procedures/Expectations

☐ Review and discuss Performance Dashboard and Appraisal/Career Development Plan

☐ Review In-house specific policies:

- ☐ Work Schedule
- ☐ Work Absence Notification
- ☐ Inclement Weather Procedures
- ☐ Comp Time
- ☐ Logistics
- ☐ Other _____

☐ Equipment Issues/Requirements (if applicable)

- ☐ Cell Phones/PDA's
- ☐ Pagers
- ☐ Keys
- ☐ CDL
- ☐ Tools
- ☐ Safety Shoes
- ☐ Uniforms/Dress Codes
- ☐ Other _____

☐ Schedule/Discuss Job specific Mandatory Training (if applicable)

- ☐ SAP
- ☐ Flagger
- ☐ Beacon/NCID
- ☐ STARS/SADLS
- ☐ NCID Access
- ☐ Supervisory
- ☐ Training/Development Plan
- ☐ Other _____

☐ Introduce employee to **"Work Buddy" or Lead Worker**

☐ **Schedule One-Month Supervisor Follow-up** date: _____

☐ Supervisor to **Collect Orientation Guide from employee**

**Phase V – One Month
Supervisor FOLLOW-UP
Is Everything Okay?**

- ☐ Job Satisfaction/Concerns
- ☐ Review/Finalize Work Plan – Is it working?
- ☐ Completion of Orientation/Survey

Employee's Signature _____ Date _____

Supervisor's Signature _____ Date _____

- ☐ File in Employee Personnel File

Employee Orientation and Employee Recruitment Video

Jeff Roerden

Purpose

👉 Produce A Video That Can Be Used During Employee Orientation To Orient New Employees To The NCDOT

👉 Produce A Video That Can Be Used As A Recruitment Tool

Concept

- 👉 No More Than 10 Minutes In Length
- 👉 Include Senior Leaders (Governor, Secretary Tippet)
- 👉 Include Mid-level Managers, Supervisors, Young Professionals, Front Line
- 👉 Include Graphics As Well As People On The Job At An Attractive Job Site
- 👉 Video Available On DVD Or On Web
- 👉 Developed In-house By Instructional Television Media Unit

Desired Content

- 👉 Welcome Message
- 👉 How We Serve the Public - The Transportation System We Maintain
- 👉 Mission, Goals, Values
- 👉 High-level Overview of the NCDOT
- 👉 Brief Review of Key Divisions

The Message

- 👉 NCDOT - A Winning Team!
- 👉 Critical / Meaningful / Challenging Work - Serving the Public
- 👉 NCDOT - A Leader Among State DOTs
- 👉 North Carolina - A Great Place to Live
- 👉 Opportunity for Diverse Assignments
- 👉 NCDOT Is A Great Place to Work and A Place That Works Well!
- 👉 Excitement, Enjoyment, Passion

Leadership Team Feedback

- 👉 Include “what is expected of you” in content / message
- 👉 Start with Secretary and then move on to “what we do” and include testimonials
- 👉 Want video to be dynamic and show young people on the job site
- 👉 Work with Dara Demi in Ernie’s office

Things To Consider

- 👤 Represent All Levels
- 👤 Youth and Experience
- 👤 Women and Men
- 👤 Various Racial and Ethnic Backgrounds
- 👤 Technical and Non-Technical
- 👤 Various Divisions
- 👤 Various Modes
- 👤 Geographical Diversity

Workstream: Employee Orientation	
Strategic Focus: Establish a comprehensive framework for integrating new employees (and employees who are changing roles) into the NCDOT and their work unit.	Scope: Employee Orientation Starts When the Hiring Supervisor or Human Resources Representative Contacts the Prospective Employee With an Offer of Employment and Initiates an Orientation Checklist for Them. Employee Orientation Ends When the Completed Orientation Checklist is Placed in the Employee's Personnel File. This should be accomplished within 30 days.
Current Practices The current employee orientation is limited in scope and covers NCDOT policies, employee benefits, and orientation to safety.	Gap A new employee orientation approach that expands on the current employee orientation needs to be developed. This new approach should help new and transferring employees feel welcome in the Department and their unit, and fully inform them about their role and job expectations, how they contribute to the NCDOT and Unit Mission, and NCDOT Goals and Values. The new approach should assist employees and supervisors with orientation, help achieve consistency across the Department, and establish accountability.
2008 Key Priorities: Immediate Attention <ul style="list-style-type: none"> • Establish a draft Master Orientation Checklist (with mandatory items locked) • Establish a draft contact list • Establish a list of recommended calendar appointments • Establish a draft Orientation Process • Incorporate key elements of the PDEA Employee Orientation in the new Employee Orientation checklist / process • Pilot the New Orientation Approach at Division 4 and the Transit Divisions • Initiate development of an Employee Orientation web site Longer Term <ul style="list-style-type: none"> • Further refine the Master Orientation Checklist • Further refine the Orientation Process • Develop DOT overview information including a high-level organization chart • Provide on line resources <ul style="list-style-type: none"> –Welcome letter –Timeline –Checklist template –Contact template and pocket contact reference card template –DOT overview information and organization chart –Onboarding resources –Recommended calendar appointments • Enhance Orientation Materials • Provide New Employees with a Complete Contact List 	

- **Produce an Orientation Video with Senior Leader Involvement**
- **Develop a training video that incorporates:**
 - Ethics training
 - Customer service training
 - Workplace violence training
 - Workplace harassment training
 - ADA / Blood borne pathogen training
- **Develop an Employee Orientation survey that will solicit input from employees who have just completed orientation**
- **Include Contractors, Interns and Temporaries (may require a modified checklist)**
- **Develop a process for sharing information between similar units (ie divisions)**

New Recommendations

- **Update the DOT logo**
- **Establish a WBS element and a budget for purchasing refreshments for welcoming new employees**

Phases and Stages of On-Boarding

Pre First Day

Pre first day pertains to things that an organization can do prior to the new hire's start date in order to decrease time-to-productivity and speed up the learning process.

Goals of Pre First Day:

- Demonstrates to new employee that they are valuable part of the team
- Reduces time to productivity
- Reinforces decision to accept offer
- Increases the support of family and friends for the employee's decision
- Creates initial excitement
- Reduces the amount of time needed to explain things
- Increases ability of the organization to attract talent as positive word gets out
- Less staff time wasted on answering unnecessary questions

Pre First Day Tools:

1. Send out organization/business unit information to the employee at home. This information should include organizational charts, forms, Mission Statements, etc.
2. Have the new employee's business cards printed and ready for them on their first day.
3. Provide an acronym glossary for the employee to help with any acronyms commonly used.
4. Send the new employee a copy of the announcement of their employment with the agency/department.
5. Send the new employee helpful links and web pages that they can be looking at to familiarize themselves with their new place of employment.
6. Send the employee a list of upcoming challenges/projects they will be working on.
7. Send the new employee a welcome letter from the Unit/Department Head.
8. If the unit has t-shirts, notepad, etc. have some on hand as welcome gifts for the new employee.
9. Pair new employee up with an existing employee to work as an e-mail coach to teach them about the agency/department's e-mail system.
10. Pre-assess learning needs and set up a training schedule.
11. Send the new employee an e-card welcoming them to the agency/department.
12. Send the new employee an orientation overview.

First Day

Formal orientation programs have proven extremely effective in retaining employees. An organization can improve its retention rate by making a great impression on the new employee's first day. The organization's retention program should begin as soon as the new employee accepts the offer.

First Day Goals:

- Decrease time to productivity
- Build commitment
- Create improved image of organization as positive word gets out
- Increased confidence in new employee acceptance of offer
- Creates initial excitement which lessens need for more expensive motivators
- Increase number of referrals by new hires
- Increase morale and satisfaction
- Set clear and concise expectations

First Day Tools:

1. **Be there on their first day-** It is important to new employees for their boss to be there.
2. **Send a welcome e-mail-** This is cheap, fast and usually forgotten, but it can make a new employee feel great about their choice.
3. **White Board Welcome-**Write a welcome message on the whiteboard or create an expensive banner to welcome the new employee.
4. **Fully supplied workstation-**Stock the new employee's office with basic office supplies so that they have what they need to begin work.
5. **License Plate/Car Sticker-**Give the new employee a license plate or car sticker with new agency/department's logo on it.
6. **Personalized Name Plate-**Have the new employee's name plate ready to welcome them to the team.
7. **Quick Reference Card/Guide-**Give the new employee a quick reference guide or card to help reduce confusion as they are learning the ropes.
8. **Parking-**Have a parking spot already assigned to the new employee so that they don't have to deal with the hassle of trying to find a space on their first day.
9. **Welcome Coordinator/Buddy-**Pair the new employee up with an existing employee to show them the ropes.
10. **Celebrate first day-**Have a celebration lunch or refreshments to celebrate the new employee's first day.
11. **On-site and off-site resource locator-**Designate an on-site and off-site resource locator to help decrease wasted time when trying to locate possibly needed resources.
12. **Director/Unit Head call, visit or e-mail-**Have the Director or Unit Head give the new employee a call or e-mail or stop by for an introduction.

Becoming Familiar with People

A goal of departmental orientation should be to create an inclusive environment for the new team member. In order to achieve this, the manager needs to take direct ownership of the orientation program. Human Resources can not be expected to do this for every section/unit. In order to successfully create this environment, the entire team must work together with the new employee to increase inclusion, improve the comfort level of the new team member, and build commitment.

Goals of Familiarizing New Hires/Transfers with Their Colleagues:

- Building strong relationships
- Improving cooperation and communication which leads to increased team performance
- Increases number of innovations, creativity and willingness of new employee to present suggestions due to increased comfort level
- Helps new employee fit in
- Reduces time to training because co-workers can assist/teach each other
- Increases satisfaction and morale
- Decreases turnover

Tools for Familiarizing New Hires/Transfers with Their Colleagues:

1. **Crossword puzzle**-On the new employee's first day, provide them with a crossword puzzle where they have to match employee's names with the provided clues.
2. **No Cancel Meetings**-Schedule meetings with the new employee with key people within the organization who are not allowed to cancel. The purpose of these meetings is to discuss their role in relation to the new employee's.
3. **Diversity Group Affiliation**-Provide the new employee with a mentor of a similar background so that they can start building relationships and be comfortable with their new environment.
4. **Wall of New Faces**-Create a wall that has a picture of the new employee's team members, as well as their name, department, and title.
5. **Baseball Cards**-Create a baseball card with each team member's picture and unique information about their work/projects or hobbies and give to the new employee during their first few days.
6. **Box of Chocolates**-Provide the new employee with a box of chocolates or sharable snacks in order to encourage them to interact with their new team members.
7. **New Team Member Plant**-Identify the new employee by placing a plant at their workstation, then encourage the current team members to introduce themselves.
8. **Lunch Coupons**-Get the new employee to know current team members faster while making them feel comfortable at asking questions by providing the new employee with a lunch coupon that will cover the cost of lunch for two people. This way the new employee can invite a co-worker to lunch without having to foot the bill.
9. **Theme Coffee Talk**-Coordinate coffee talk meetings at your office by ordering out for everyone's favorite coffee or bringing in a variety of flavored coffees for the group. This gives the new employee an opportunity to interact with the current team members.

10. **Ice Cream Social**-Gather employees together and host a quarterly ice cream social event to recognize all the new hires/transfers. Include light refreshments such as sodas, cookies, chips, candies, fruits, and ice cream with toppings. This provides a fun, informal and comfortable atmosphere for current employees to meet and get to know all the new faces.
11. **Team Lunch**-Schedule a celebration lunch at the location choice of the new hire/transfer and invite the entire team to the lunch. The manager pays for the new employee's lunch. This gives everyone an opportunity to get to know each other away from the office. During lunch encourage employees to introduce themselves, give their position, and something interesting about themselves.
12. **Team Photo**-Schedule a time when all team members are available and take a team photo. Ask everyone to wear something with the agency logo. If available use the company sign as the backdrop for the photo. Take the picture with a digital camera so that the photo can be sent via e-mail to the team and/or posted on the unit's web page.
13. **E-mail Alumni Network**-Create a network of former employees who wish to remain in touch with the company by getting them to serve as mentors for new hires. The network is basically a list server where new hires post questions to the "alumni" or former employees. Educate the alumni on the types of questions that they will be asked so that they are able to provide sound advice.
14. **Who Knows How to Guide**-Create a guide with team members that includes information for new hire that lets them know who to contact when they have a question. Have it broken down into categories to help make it more user friendly.
15. **Recent Hire Network**-Develop a network of new hires and recent hires. This network is a group of volunteer recent hires that become a mentor to the new hires. They can help the new hires with various questions or issues that come up based on their similar experiences as recent new employees.
16. **Team Representation**-After the new hire has had several weeks to settle into their new job, search for an opportunity to have the new hire/transfer to represent the team at an internal presentation. Provide all of the appropriate resources to prepare the new hire/transfer for a successful presentation.
17. **Electronic Staff Meeting**-With employees in different remote locations, it can be difficult to schedule everyone together for the new hire's first staff meeting. Instead, use technology to conduct staff meetings via video conferencing or teleconferencing so that the new hire has an opportunity to meet everyone either in person, via video, or over the phone.
18. **Mentor**-Each new hire is assigned a mentor or buddy on their first week of employment. The mentor is responsible for answering questions, introducing the new hire, identifying resources, providing feedback and assisting in the clarification of assignments.

Tools and Resources to get up to Speed

This section is designed to give you tools to be used by the new hire in order to carry out their jobs.

Goals of using Tools and Resources to Get up to Speed:

- Reduces time to productivity
- Less time wasted during the first week because the new hire/transfer lacks the appropriate equipment, training or knowledge of the facilities
- Provides the new hire/transfer with positive role models
- Decreases waste and machine breakage
- Results in decreased frustrations which lessen absenteeism, tardiness, or sick leave use
- Fewer missed project deadlines
- Individuals increase their learning speed because they realize what they need to learn and how fast to learn it

Tools and Resources to get up to Speed:

1. **Instant Communication**-Before the new hire/transfer arrives on their first day, have all of the appropriate tools (i.e.-phone, computer, etc.) necessary to carry out their job assignments. This creates less down time while the new hire/transfer has to wait to have everything set up or delivered.
2. **Dumb Question Coupons**-Create a coupon/voucher that is used to trade with current team members in order to have questions answered. This helps the new hire/transfer break the ice as they ask questions to the current employees. The questions may seem obvious to the current employees but are often important to the new hire/transfer.
3. **Don't Limit Orientation to One Day**-Stretch orientation out for multiple days in order to prevent information overload for new hire/transfer. Break the orientation up into several half days so that they are refreshed and retain more of the pertinent information.
4. **Interviews with Recent Hires**-Before a new hire/transfer starts work with top performers that previously occupied those jobs and identify and answer questions that they had when they started the job or things that they wished they had known/asked. Present this information to the new hire/transfer when they start the job to help give clarity from the beginning.
5. **Recruiter Involvement in Retention**-Have the recruiters stay in touch with the new hire/transfers and use their knowledge to help managers understand and manage better. Since the new hire/transfer already is comfortable with the recruiter and the recruiter has a detailed knowledge of the situation, this is a win/win situation.
6. **Online Orientation**-Create an online orientation/workshop to streamline the orientation process and allow the new hire/transfer to complete it at their own pace.
7. **Interactive Online Game**-Create an interactive online game for the new hire/transfer that covers pertinent information and is categorized in different sections. Cover this information in an interactive way and have exercises or activities at the end of each section.

8. **FAQ Web Site**-Create a list of questions that previous new hires had when they came on board. Give the new hire/transfer access to this web site when they start in order to help answer any questions that they may have.
9. **Shadow**-Ask for volunteers to act as the shadow to the new hire/transfer. The shadow should be efficient and skilled at doing the new hire/transfer's task and must be familiar with each step of the process in the department. The shadow will be responsible for answering questions, introducing the new hire to fellow colleagues, identifying resources, providing feedback and assisting in the clarification of assignments.
10. **Multiple Mentors**-Arrange with other teams and departments to select several mentors to work with the new hire/transfer. Allot time for the new hire to spend with each mentor in order to help the new hire/transfer better understand what each department/team's responsibilities are and how they fit into the new hire/transfer's job.

Meeting Expectations

This section will provide tools that can be used to get and keep your new hire/transfer on the right track and meeting expectations. By keeping them motivated and working at their full potential, your productivity scores will soar.

Goals of Meeting Expectations:

- Increases productivity because the new hire/transfer knows exactly what is measured and rewarded
- Increases productivity because the new hire/transfer knows and understands the team's goals and objectives
- New hires are a better "fit" because they understand and are aligned with the company's culture and values
- Provides a clearer idea of future career path
- Decreases frustrations which result in less absenteeism, tardiness or sick leave use
- Decreases new hire/transfer turnover rate due to early on the job frustrations
- Decreases manager frustration because of the lower new hire/transfer productivity rate
- Increases the new hire's/transfer's first year performance

Tools for Meeting Expectations:

1. **Show Them Their Role**-Within the second week of employment, meet with the new hire/transfer to review the section/unit's as well as the agency/university's business plan/mission statement. Include how their job fits into meeting the goals and objectives and their impact on the business plan.
2. **Discuss Manager's Expectations**-Schedule an hour of uninterrupted time to spend with the new hire/transfer to ensure they understand your expectations up front. Spend the time reviewing the job descriptions, resources available, expectations of the new hire/transfer, what is measured/rewarded, how it will be measured, how often

it will be measured, accountabilities and answering new employee questions. Consider multiple meetings at 30/60/90 day milestones.

3. **Individual Development Plan**-Meet with the new hire/transfer to formulate an individual development plan. A development plan may include cross-functional training, job rotations, stretch goals, etc.
4. **Know Their Frustrations before it's Too Late**-Schedule time with the new hire/transfer to identify their frustrations and what they want more of/less of. Some examples can include lack of challenge, growth, rewards, or development.